

Harnett County Central Permitting

PO Box 65 Lillington NC 27546

910 893 7525 Fax 910 893 2793 www.harnett.org/permits

Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address company name & phone must match.

Application for Residential Building and Trades Permit

Owner's Name Craig T. Matthews Date 3-29-2017
Site Address 25 N. Poole St Coats NC 27521 Phone 910 890 4330
Directions to job site from Lillington 27 East to Coats TL N. Poole St
Site is on the left sign in yard

Subdivision Graceton Ridge Lot # 4
Description of Proposed Work single family dwelling # of Bedrooms 3
Heated SF 1176 Unheated SF 0 Finished Bonus Room? NA Crawl Space Slab

General Contractor Information

Craig Matthews Realty Inc Telephone 910 890 4330
Building Contractor's Company Name
PO Box 399 Coats NC 27521
Address Email Address
44664
License #

Electrical Contractor Information

Description of Work new house Service Size 200 Amps T-Pole Yes No
Parker Electric Telephone 910-984-6810
Electrical Contractor's Company Name
167 Stonehenge Drive Dunn NC
Address 28334 Email Address
331658 SP-SFD
License #

Mechanical/HVAC Contractor Information

Description of Work new house
J&M Heating & Air Cond. Telephone 910 897 5501
Mechanical Contractor's Company Name
724 Turlington Rd Dunn NC 28334
Address Email Address
17164
License #

Plumbing Contractor Information

Description of Work new house # Baths 2
Gilbert Plumbing Co Inc Telephone 910-214-1274
Plumbing Contractor's Company Name
1638 Timothy Rd. Dunn NC 28334
Address Email Address
10929
License #

Insulation Contractor Information

Insulating Inc 1212 Home Court Raleigh NC Telephone 919 772 9000
Insulation Contractor's Company Name & Address 27603

*NOTE General Contractor must fill out and sign the second page of this application

I hereby certify that I have the authority to make necessary application that the application is correct and that the construction will conform to the regulations in the Building Electrical Plumbing and Mechanical codes and the Harnett County Zoning Ordinance I state the information on the above contractors is correct as known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors site plan number of bedrooms building and trade plans Environmental Health permit changes or proposed use changes I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150 00 After 2 years re-issue fee is as per current fee schedule

Craig Thomas Matthews
Signature of Owner/Contractor/Officer(s) of Corporation

4-23-19
Date

Affidavit for Worker's Compensation N C G S 87-14

The undersigned applicant being the

General Contractor Owner Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s) firm(s) or corporation(s) performing the work set forth in the permit

Has three (3) or more employees and has obtained workers compensation insurance to cover them

Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

Has one (1) or more subcontractors(s) who has their own policy of workers compensation insurance covering themselves

Has no more than two (2) employees and no subcontractors

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker s compensation insurance prior to issuance of the permit and at any time during the permitted work from any person firm or corporation carrying out the work

Company or Name Craig Matthews Realty Inc.
Sign w/Title Craig Matthews President Date 4-23-19