

09/09/11

Application #

17-50041204

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 Robert Crabtree Builders Inc. Date 5/23/17

Site Address Phone

Directions to job site from Lillington

Subdivision Donnellbrook Lot 24

Description of Proposed Work # of Bedrooms 3

Heated SF Unheated SF Finished Bonus Room? Crawl Space Slab

General Contractor Information

Robert Crabtree Builders Inc. 9196692494 Building Contractor's Company Name Telephone

Address Email Address

29625-4L License #

Electrical Contractor Information

Description of Work Single Family Service Size 200 Amps T-Pole Yes No

Ma 9196394837 Electrical Contractor's Company Name Telephone

731 Mabry Rd Angier NC Address Email Address

15077-4L License #

Mechanical/HVAC Contractor Information

Description of Work Single Family JC's Heat & Air 9195523053

Mechanical Contractor's Company Name Telephone

1539 Wade Stephens Rd Holly Springs Address Email Address

12655 License #

Plumbing Contractor Information

Description of Work Single Family Cam Plumbing # Baths 2

9195526942 Plumbing Contractor's Company Name Telephone

544 Oakridge Duncan Rd Address Email Address

10036 License #

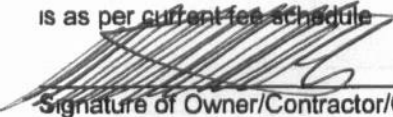
Insulation Contractor Information

Insulation Inc. 5902 Fayetteville Rd Garner 919772-9000 Insulation Contractor's Company Name & Address Telephone

*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


Signature of Owner/Contractor/Officer(s) of Corporation

5/23/17
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 Robert Crabtree Builders Inc.

Sign w/Title  Pres.

Date 5/23/17