

09/09/11

# 855<sup>05</sup>

Application #

1750041211

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 GARY + RONDA PENNY Date 9/18/17  
Site Address 1000 NELLIS CREEK RD. LILLINGTON Phone 919-868-9287  
Directions to job site from Lillington 421 SOUTH, LEFT ON NELLIS CREEK RD., APPROXIMATELY 3/4 MILE ON RIGHT

Subdivision BAIN + MCCRAE Lot N/A  
Description of Proposed Work NEW SINGLE FAMILY HOME # of Bedrooms 2  
Heated SF 1883 Unheated SF 156 Finished Bonus Room? N/A Crawl Space      Slab

**General Contractor Information**

HOME OWNER 919-868-9287  
Building Contractor's Company Name Telephone  
     BRETTMESI-NC.COM  
Address Email Address  
      
License #

**Electrical Contractor Information**

Description of Work NEW ELECT. SYSTEM Service Size 200 Amps T-Pole  Yes  No  
HOME OWNER  
Electrical Contractor's Company Name Telephone  
     SAME  
Address Email Address  
    

**Mechanical/HVAC Contractor Information**

Description of Work NEW HVAC SYSTEM  
HOME OWNER  
Mechanical Contractor's Company Name Telephone  
      
Address Email Address  
    

**Plumbing Contractor Information**

Description of Work NEW PLUMBING SYSTEM, SUPPLY/WASTE # Baths 2  
HOME OWNER 919-868-9287  
Plumbing Contractor's Company Name Telephone  
     SAME  
Address Email Address  
    

**Insulation Contractor Information**

SOUTHEASTERN INTERIORS INC. 910-893-8486  
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**

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

9/18/17  
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 BRETT MATTHEWS

Sign w/Title Brett Matthews Date 9/18/17