

09/09/11

Application #

17-50041554

Harnett County Central Permitting

PO Box 85 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 Dennis & Jennifer Patten Date 11/14/17
 Site Address ~~7500~~ Cokesbury Rd Phone 919-628-2890
 Directions to job site from Lillington 401 N left on Christian Light
left on Cokesbury - lot is right behind the
convenience center @ 1260 Cokesbury Rd.
 Subdivision N/A Lot _____
 Description of Proposed Work New single family # of Bedrooms _____
 Heated SF 1803 Unheated SF 2022 Finished Bonus Room? No Crawl Space X Slab _____

General Contractor Information

MJ Rose Homes 919-369-3714
 Building Contractor's Company Name Telephone
115 Commerce St Apex 27502 martine@jrosehomes.com
 Address Email Address
71520
 License # _____

Electrical Contractor Information

Description of Work New single family Service Size 200 Amps T-Pole X Yes No
Tool Time Electric 919-431-9108
 Electrical Contractor's Company Name Telephone
2428 Reliance Ave Brandone@tooltimeelectric.com
 Address Email Address
31034
 License # _____

Mechanical/HVAC Contractor Information

Description of Work New single family
Weather Master HVAC 919-266-4415
 Mechanical Contractor's Company Name Telephone
305 Village Dr Knightdale
 Address Email Address
17326
 License # _____

Plumbing Contractor Information

Description of Work new single family # Baths 2 1/2
Barbour & Povron Plumbing 919-553-4455
 Plumbing Contractor's Company Name Telephone
111 Lee Ct Clayton
 Address Email Address
27132
 License # _____


Insulation Contractor Information

Tri City Insulation 858-916-5871
 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

11/9/17

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 M J Rose Homes

Sign w/Title  Date 11/9/17