

09/09/11

Application #

Harnett County Central Permitting  
PO Box 65 Lillington NC 27546  
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

1750041761  
1750041762

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 Gaspar Nuñez Date 10/09/17  
Site Address 1208 Rawls Church Rd. Phone 919-4276027  
Directions to job site from Lillington take 210 east to angier  
tl. Hwy 55 go to Rawls Church Rd. tl. House  
on the R about one mile  
Subdivision \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work New construction # of Bedrooms 4  
Heated SF 2684 Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space  Slab \_\_\_\_\_

**General Contractor Information**

Owner  
Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size 200 Amps T-Pole  Yes  No  
Austin Dean Electrical Contractor 919-669-0063  
Electrical Contractor's Company Name Telephone  
2793 Baptist Grove dr. Fuquay Varina austindeanelectrical@gmail.com  
Address Email Address  
29839  
License #

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
Jc's Heat and air 919-369-2657  
Mechanical Contractor's Company Name Telephone  
1539 wade stephensons Rd Holly Springs \_\_\_\_\_  
Address 27540 Email Address  
#12655  
License #

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Le R. Clover Plumbing 919-8200026  
Plumbing Contractor's Company Name Telephone  
P.O. Box 764 Benson NC, 27504 \_\_\_\_\_  
Address Email Address  
7958  
License #

**Insulation Contractor Information**

Owner  
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

*Josep Munoz*  
Signature of Owner/Contractor/Officer(s) of Corporation

*10/09/17*  
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 \_\_\_\_\_

Sign w/Title *Josep Munoz*

Date *10/09/17*