

09/09/11

Application #

1750042117

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

Owners Name Jamie Smith Date 10/30/17

Site Address 339 River Rd Phone 910-591-8188

Directions to job site from Lillington 401 N towards Fuquay, take left on Christian Light Rd, then take left on River Rd

Subdivision N/A Lot _____

Description of Proposed Work New Home Construction # of Bedrooms 4

Heated SF 2756 Unheated SF 695 Gar 509 BR Finished Bonus Room? no Crawl Space Slab

General Contractor Information

Building Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

License # _____

Electrical Contractor Information

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

Patrick Electrical

910-893-5774

Electrical Contractor's Company Name _____

Telephone _____

1309 N Main St, Lillington NC 27546

Email Address _____

Address _____

4910

License # _____

Mechanical/HVAC Contractor Information

Description of Work _____

Carolina Custom Air

919 639 4164

Mechanical Contractor's Company Name _____

Telephone _____

67 James Norris Rd, Angier NC 27501

Email Address _____

Address _____

30205

License # _____

Plumbing Contractor Information

Description of Work _____

John Wells

Baths 2 1/2 Finished

919-628-6130

Plumbing Contractor's Company Name _____

Telephone _____

Chalybeate Springs Rd, Wells Lane

Email Address _____

Address _____

23979

License # _____

Insulation Contractor Information

Insulating Inc, 5902 Fayetteville Rd

919-772-9000

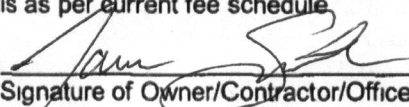
Insulation Contractor's Company Name & Address Raleigh NC

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

10/30/17
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

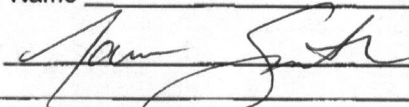
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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  Date 10/30/17