

09/09/11

Application #

42990

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 Gregory Inc Date 1-16-18
Site Address 3436 NC 55 HWY W Angier Phone 919-422-8130
Directions to job site from Lillington _____

Subdivision _____ Lot _____
Description of Proposed Work Build New Home # of Bedrooms 3
Heated SF 1155 Unheated SF 60 Finished Bonus Room? N Crawl Space Y Slab _____

General Contractor Information

Gregory Inc Telephone 919-422-8130
Building Contractor's Company Name _____
62 E McIver St Angier Email Address Gregoryinlanman@gmail.com
Address _____
36220
License # _____

Electrical Contractor Information

Description of Work New Home Service Size 200 Amps T-Pole Yes No
D2 Electric Telephone 910-723-3242
Electrical Contractor's Company Name _____
100 Hidden Creek Lane, Lillington Email Address _____
Address _____
24311-L
License # _____

Mechanical/HVAC Contractor Information

Description of Work Polar Bear Heating; Air - New Home
512 Old Stage Rd Telephone 910-984-6059
Mechanical Contractor's Company Name _____
Address _____
30048 Email Address _____
License # _____

Plumbing Contractor Information

Description of Work New Home # Baths 2
Avery Plumbing; Electric Telephone 919-628-3223
Plumbing Contractor's Company Name _____
3221 B Plainview Church Rd Email Address _____
Address _____
10886 - Class 1
License # _____

Insulation Contractor Information

Insulating Inc Telephone 919-772-9000
Insulation Contractor's Company Name & Address _____

*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

-1-16-18-
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

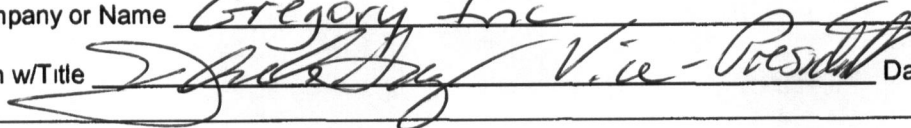
_____ Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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 Gregory Inc

Sign w/Title  Vice-President Date 1-16-18

