

Application # _____

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 information on license.

Application for Residential Building and Trades Permit

Owner's Name: Preston Byrd Date: 12-17-2019
 Site Address: 17936 NC HWY 42 Holly Springs Phone: 919-586-1250
 Subdivision: _____ Lot: _____
 Description of Proposed Work: SFR

General Contractor Information

Tommy Allen Construction LLC 919-779-2880
 Building Contractor's Company Name Telephone
8836 Ransley Rd. taallenbuilders@gmail.com
 Address Email Address
20121
 License #

Electrical Contractor Information

Description of Work Wire SFR Service Size: 400 Amps T-Pole: Yes No
Mabry's Electrical Service 919-639-48307
 Electrical Contractor's Company Name Telephone
1731 Mabry Road Amber@mabryelectrical.com
 Address Email Address
150774
 License #

Mechanical/HVAC Contractor Information

Description of Work HVAC SFR
Maror Heating + Air Conditioning 919-361-0993
 Mechanical Contractor's Company Name Telephone
1094 Classic Road gerald@marorvac.com
 Address Email Address
12309
 License #

Plumbing Contractor Information

Description of Work Plumb SFR # Baths 3
Barbour + Parron 919-553-4455
 Plumbing Contractor's Company Name Telephone
P.O. Box 934 Clayton 919-553-4455
 Address Email Address
27132
 License #

Insulation Contractor Information

INSULATING INC. Raleigh 772-9000
 Insulation Contractor's Company Name & Address Telephone

***NOTE: General Contractor / owner 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

12-17-2019
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.

Sign w/Title: Tony All President Date: 12-17-2019