

Application # \_

44439

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

## **Application for Residential Building and Trades Permit**

Owner's Name: Andrew Burgess	Date: 14Aug2018
Site Address: 4199 Springhill Church Rd Lillington NC 27546	Phone: (910) 709-2343
Subdivision: N/A	Lot: PIN0519-98-9944.000
Description of Proposed Work: Single Family Residential	
General Contractor Informat	ion
American Ember Solutions, LLC	(910) 309-6838
Building Contractor's Company Name	Telephone
141 Cameron Heritage Ln Cameron, NC 28326	JRay@AmericanEmber.com
Address	Email Address
79585	
License #	
Posserintion of Work Posidential	
	e: <u>200</u> Amps T-Pole: X Yes No
JM Pope Electric LLC	919 776 5144
Electrical Contractor's Company Name	Telephone
409 Chatham St Sanford, NC 27330	marshallpop74@gmail.com
Address 21326	Email Address
License #	
Mechanical/HVAC Contractor Info	rmation
Description of Work Residential	<del></del>
Carolina Air Inc	910 947 7707
Mechanical Contractor's Company Name	Telephone
3700 Hwy 15-501 Carthage, NC 28327	Kelly@Carolinaair.com
Address	Email Address
23549	Lillali Address
License #	
Plumbing Contractor Information	tion
Description of Work Residential	# Baths <sup>4</sup>
Gilbert Plumbing Co Inc	9105676361
Plumbing Contractor's Company Name	Telephone
1638 Timothy Rd Dunn NC 28334	gpci@intrstar.net
Address	Email Address
10929	
License #	
Insulation Contractor Informa	<u>tion</u>
Tri City Insulation 334 E Mountain Dr, Fayetteville, NC 28306	(910) 486-8855
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 <a href="by signing below I have obtained all subcontractors">by signing below I have obtained all subcontractors</a> permission to obtain these permits and if <a href="mailto:any">any</a> 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.

Oshua D. Nichols
Signature of Owner/Contractor/Officer(s) of Corporation

14 Aug 2018
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: Joshua D Nichols Manager Date: 14 Aug 2018	