In Gral Pool \$185

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Application # 0950022425

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits Certification of Work Performed By Owner/Contractor (Individual Trade Application) Owner (s) of Structure: Owner (s) Mailing Address: Land Owner Name (s): 1 Construction or Site Address: Parcel# PIN# Job Cost: 36,000 Description of Work to be done New Unit With Ductwork \_\_\_ New Unit Without Ductwork \_\_\_ Gas Piping \_\_\_ Other Mechanical: Service Reconnect \_\_\_ Service Change \_\_\_ <200 Amp Electrical\*: \* For Progress Energy customers we need the premise number Water Heater Number of Baths \_\_ Water/Sewer Tap Plumbing: Specific Directions to Job from Lillington: Lot #: Subdivision: Structure labor on this structure. will provide the , which entitles me to I am the building owner or my NC state license number is \_ perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations. Telephone Contractor's Company Name **Email Address** Address License# Date:\_06-22-2012 Structure Owner / Contractor Signature: <a>C</a>

\*Company name, address, & phone must match information on license

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell

the listed property for 12 months after completion of the listed work.

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

Application # 095 @ 2425

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** 

00	To large and
Owners Name Mark + Brang Lyon	_
Site Address	Phone
Directions to job site from Lillington House 27 to Hay 8	(1) sowards Santord
right onto Olivia Rd.	
8	
Subdivision	Lot
Description of Proposed Work ingrand Susamus Po	# of Bedrooms
Heated SF Unheated SF 329 Finished Bonus Room'	Crawl Space Slab
General Contractor Information	and the same of th
Cool Pools NC LC	919367-7277 Telephone
Building Contractor's Company Name  2300 Old US THOUYS Apex	Coolpools@bellsouth.ret
Address	Email Address
59776	
License #	
Description of Work Hook up Pump + Bonding Service Size	Amps T-PoleYesNo
Am Slockie TM	919 888- 3500
	Telephone
1908 Green Oaks Hkwy	rtevertetricelectric ne. Con
Address  Address  Hot ly Spring	Email Address
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License #  Mechanical/HVAC Contractor Informs	<u>ation</u>
Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License #	
Plumbing Contractor Information	<u>n</u>
Description of Work	_# Baths
Plumbing Contractor's Company Name	Telephone
	Email Address
Address	Elliali Addiess
License #	
Insulation Contractor Informatio	<u>on</u>
Insulation Contractor's Company Name & Address	Telephone

\*NOTE General Contractor must fill out and sign the second page of this application

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 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 witte

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



August 9, 2012

Dear Harnett County,

Please remove Arc Electric Inc. as the electrical contractor for address 2675 Olivia Rd. Sanford, NC, application number #09-50022425. Home owner will be preforming his own electrical work.

Thank you,

Rich Levert

Rich Levert Arc Electric Inc. License #:29565-L