

09/09/11

0652-29-6544

08-0652-0127

Application #

37225

Each section below to be filled out
by whomever performing work
Must be owner or licensed
contractor Address company
name & phone must match

Harrett 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 Chris Wrenn Date 10-2-15
7-24-15

Site Address 129 Kipling Road, F-V Phone 919 622 4752

Directions to job site from Lillington

401 North, turn Left on Kipling Road

Subdivision N/A Lot 10

Description of Proposed Work Remove & install new Plumbing/Elect/HVAC/Insulation # of Bedrooms 3

Heated SF 3000 Unheated SF 0 Finished Bonus Room? ✓ Crawl Space ✓ Slab ✓

Building
min
\$100

Building Contractor's Company Name OWNER General Contractor Information Chris Wrenn

Telephone 919-622-4752 Email Address chris@onscatering.com

Address 0

License # Electrical Contractor Information ✓ Service Size Amps T-Pole Yes No

Description of Work Chris Wrenn

Electrical Contractor's Company Name Telephone

Address Email Address

License # Mechanical/HVAC Contractor Information ✓ Service Size Amps T-Pole Yes No

Description of Work Remodel, new system

Mechanical Contractor's Company Name BARCO MECHANICAL Telephone 919-868-3354

Address 122 Philemon Drive, F-V NC 27526 Email Address

Address 18460 Class 1

License # Plumbing Contractor Information ✓ Service Size Amps T-Pole Yes No

Description of Work remodel/rewire # Baths 3 1/2

Plumbing Contractor's Company Name Blanchard's Plumbing Telephone

Address PO Box 1326 Email Address

Address 10434

License # Insulation Contractor Information ✓ Service Size Amps T-Pole Yes No

Description of Work SPRAY FOAM INSULATION OF NC

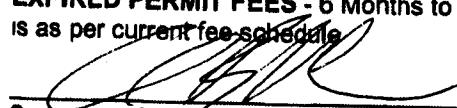
Insulation Contractor's Company Name & Address Telephone 919-820-1676

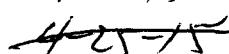
*NOTE General Contractor must fill out and sign the second page of this application

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.

10-2-15


Signature of Owner/Contractor/Officer(s) of Corporation


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 10-2-15