

09/09/11

0652-29-6544

08-0652-0127

Application #

37225

Harnett County Central Permitting

PO Box 85 Lillington NC 27548

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 Chris Wrenn Date 10-2-15

Site Address 129 Kipling Road, F-V Phone 919 622 4792

Directions to job site from Lillington

401 North, turn Left on Kipling Road

Subdivision N/A

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

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

General Contractor Information

Building Contractor's Company Name OWNER Chris Wrenn

Telephone 919-622-4792

Address

Email Address chris@onscatering.com

License #

Description of Work ✓ Electrical Contractor Information Service Size \$100- Amps T-Pole Yes No

Electrical Contractor's Company Name Chris Wrenn

Telephone

Address

Email Address

License #

Description of Work Remodel/hvac system **Mechanical/HVAC Contractor Information** \$90-

Company Name BARCO MECHANICAL

Telephone 919-868-3354

Address 122 Philemon Drive, F-V, NC 27526

Email Address

License # 18460 Class 1

Description of Work Remodel/revise **Plumbing Contractor Information** \$50- # Baths 3 1/2

Plumbing Contractor's Company Name Blanchards Plumbing

Telephone

Address PO Box 1326

Email Address

License # 10434

Description of Work SPRAY FOAM INSULATION OF NC **Insulation Contractor Information** \$55- Telephone 919-820-1676

Insulation Contractor's Company Name & Address

Telephone

*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

10-2-15
4-25-15
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


Owner
Date 10-2-15