

09/09/11

Application #

1850043035

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.

Application for Residential Building and Trades Permit

Owner's Name Clara D. Bowden Date 1-4-18
Site Address 697 Denning Rd. Angier, NC 27501 Phone 910 897-6397
Directions to job site from Lillington 1602 = 23-0953.000 / 071102 018 RA-30

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_
Description of Proposed Work \_\_\_\_\_ # of Bedrooms \_\_\_\_\_
Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

General Contractor Information

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_
Address \_\_\_\_\_ Email Address \_\_\_\_\_
License # \_\_\_\_\_

Electrical Contractor Information

Description of Work Will be wiring new unit Service Size \_\_\_\_\_ Amps T-Pole Yes No
RA Jackson Electric, Inc Telephone 919 894-5367
Electrical Contractor's Company Name
9261 Raleigh Rd. Benson, NC 27504 Email Address
Address 21144
License #

Mechanical/HVAC Contractor Information

Description of Work Will be taking out old Heat Pump and installing new Heat Pump
Stephenson Heating and Air Conditioning, Inc Telephone 919 329 0686
Mechanical Contractor's Company Name
343 Shipwash Dr. Garner, NC 27529 Email Address StephensonHVAC@AOL.com
Address 18644
License #

Plumbing Contractor Information

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_
Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_
Address \_\_\_\_\_ Email Address \_\_\_\_\_
License # \_\_\_\_\_

Insulation Contractor Information

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

Terry G Bissell  
Signature of Owner/Contractor/Officer(s) of Corporation

1-5-18  
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 \_\_\_\_\_

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

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Property Address . . . . . 91750 TECH 3 Date 1/05/18  
PARCEL NUMBER . . . . . - - - - -  
Application description . . . CP STANDALONE TRADE - RESIDENTIAL  
Subdivision Name . . . . .  
Property Zoning . . . . . UNZONED

Permit . . . . . RESIDENTIAL MECHANICAL PERMIT

Additional desc . . .  
Phone Access Code . 1223957

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Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
999	409	M409	R*GAS PIPING	_____	___/___/___
999	407	M407	R*MECH ABOVE CEILING	_____	___/___/___
999	405	M405	R*MECHANICAL UNDERGROUND	_____	___/___/___
999	131	R131	ONE TRADE FINAL	_____	___/___/___
999	125	R125	ONE TRADE ROUGH IN	_____	___/___/___



HARNETT COUNTY CASH RECEIPTS

\*\*\* CUSTOMER RECEIPT \*\*\*

Oper: LLUCAS                      Type: CP    Drawer: 1  
 Date: 1/05/18 53              Receipt no: 206509

Year	Number	Amount
2018	50043035	
91750 TECH 3		
LILLINGTON, NC 27546		
B1	BP - PERMIT FEES	\$90.00

STEPHENSON HTG & A/C

Tender detail	
CP CREDIT CARD	\$90.00
Total tendered	\$90.00
Total payment	\$90.00

Trans date: 1/05/18              Time: 15:01:12

\*\* THANK YOU FOR YOUR PAYMENT \*\*