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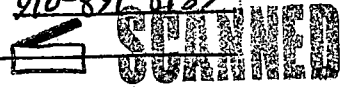
Application #

Harnett County Central Permitting  
PO Box 85 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 Jonathan Beasley Date 7/5/2018  
Site Address 2188 Ebenezer Church Rd Coats NC 27521 Phone 910-891-8189  
Directions to job site from Lillington \_\_\_\_\_



Subdivision N/A Lot N/A  
Description of Proposed Work New construction 2 barns # of Bedrooms N/A  
Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Jonathan Beasley 910-891-8189  
Building Contractor's Company Name Telephone  
2188 Ebenezer Church Rd Coats NC 27521 Jon.Beasley@BBandT.com  
Address Email Address

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Sub panel from existing Service Size \_\_\_\_\_ Amps T-Pole \_\_\_\_\_ Yes  No  
Jonathan Beasley 910-891-8189  
Electrical Contractor's Company Name Telephone  
2188 Ebenezer Church Rd Coats NC 27521 Jon.Beasley@BBandT.com  
Address Email Address  
L31485  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
Mechanical Contractor's Company Name Telephone \_\_\_\_\_  
Address Email Address \_\_\_\_\_  
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**

*Jonathan Beatty*  
Signature of Owner/Contractor/Officer(s) of Corporation

7-5-2018  
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

Company or Name \_\_\_\_\_

Sign w/Title \_\_\_\_\_ Date \_\_\_\_\_