



Application # _____

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 information on license.

Application for Residential Building and Trades Permit

Owner's Name: JAMES MURPHY Date: 5/12/2021

Site Address: 470 RUTH CIR FUQUAY VARINA NC 27526 Phone: 910-257-5069

Subdivision: BALLARD WOODS Lot: 34

Description of Proposed Work: REPLACE LOWER SPLIT HEAT PUMP IN CRAWL SPACE

General Contractor Information

Building Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

License # _____

Electrical Contractor Information

Description of Work HVAC CONNECT/DISCONNECT Service Size: _____ Amps T-Pole: Yes No

AMERICAN RESIDENTIAL SERVICES 919-861-0883

Electrical Contractor's Company Name _____ Telephone _____

517 PYLON DR RALEIGH NC 27606 8876INSPECTIONS@ARS.COM

Address _____ Email Address _____

28807

License # _____

Mechanical/HVAC Contractor Information

Description of Work REPLACE LOWER SPLIT HEAT PUMP IN CRAWL SPACE

AMERICAN RESIDENTIAL SERVICES 919-861-0883

Mechanical Contractor's Company Name _____ Telephone _____

517 PYLON DR RALEIGH NC 27606 8876INSPECTIONS@ARS.COM

Address _____ Email Address _____

29147

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 / owner 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

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.

Sign w/Title: _____ Date: _____