

**Application for Building and Trade Permit**

Owner's Name: ALLEN, MAXWELL Date: 01/16/2024  
Address: 1522 McLEAN CHAPEL CHURCH RD Phone: (910) 709-5602  
Directions to job site: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Construction Type: (Please Check) Building Use: (Please Check)  
 New  Residential  
 Renovation  Modular  
 Addition  Commercial  
 Moved House  Multi-Family  
 Other

Description of Proposed Work: HVAC CHANGEOUT equipment only – gas pack  
Total Project Cost: \$6000.00

**Building Permit Information**

Heated SF  Crawl Space ( ) Building Construction Cost \$ \_\_\_\_\_  
Unheated SF  Slab ( ) Acres Disturbed \_\_\_\_\_ Stories \_\_\_\_\_

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

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

Signature of Officer(s) of Corporation \_\_\_\_\_

**Electrical Permit Information**

Description of Work HVAC Equipment changeout Electrical Cost \$ \$500  
TS Pole: Yes ( ) No ( ) Underground ( ) Overhead ( )  
Permanent Service: Underground ( ) Overhead ( ) Service Size: 200 Amps

**Black & Roberson Electric** (252) 814-1466

Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

**1715 Black Road, Robersonville, NC** 08900-L

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

Signature of Officer(s) of Corporation \_\_\_\_\_

**Mechanical Permit Information**

Description of Work HVAC equipment changeout  
Number of Units 1 Type System gas pack Mechanical Cost \$5,500.00

**LePage Heating & Air, Inc.** (919) 247-4766

Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

**516 Lassiter Rd, Four Oaks, NC 27524** 29206

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

*See above, see/news.*

Signature of Officer(s) of Corporation \_\_\_\_\_

**Plumbing Permit Information**

Description of Work \_\_\_\_\_  
Number of Baths \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_

Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

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

Signature of Officer(s) of Corporation \_\_\_\_\_

Residential ( ) Other ( ) Not Required ( )

**Insulation Permit Information**

\_\_\_\_\_  
Insulation Contractor's Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

**Sprinkler System Information**

\_\_\_\_\_  
Sprinkler Contractor's Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Signature of Officer(s) of Corporation

**Fire Alarm System Information**

\_\_\_\_\_  
Fire Alarm Contractor's Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Signature of Officer(s) of Corporation

**Driveway Access**

NC Department of Transportation Driveway Access/Permit?    Yes \_\_\_ No \_\_\_

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 if any changes occur in the above contractors I certify it is my responsibility to notify the Harnett County Inspections Division of any changes.

*E. Lee Dyer, Sr./Pres.*

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

01/16/2024  
\_\_\_\_\_  
Date

**Affidavit for Worker's Compensation  
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # \_\_\_\_\_ being the:

- 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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
- Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
- Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.
- Has/have not 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.

Firm Name: LePAGE HEATING & AIR, INC.

By/Title: Eileen LePage, Secretary/Treasurer

Date: 07/28/2023