



Application # _____

Harnett County Central Permitting
120 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546

910-893-7125 ext. 1 Fax 910 893-2793 www.harnett.org/permits

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Graces Permit

Owner's Name: DAMIEN HUNT Date 08/12/2024
Site Address: 72 STONE CHASE WAY SPRING LAKE NC 28390 Phone 910-303-2513
Subdivision: _____ Lot _____
Description of Proposed Work: HVAC CHANGE OUT, REMOVE AND REPLACE EXISTING SYSTEM Total Job Cost 7500
3.5 CONDENSOR, OUTSIDE, RECONNECT ELECTRICAL

General Contractor Information

Building Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____ **HEATED SQ FT** _____ **GARAGE SQ FT** _____

Electrical Contractor Information

Description of Work RECONNECT ELECTRICAL FROM CHANGE OUT Service Size: 30 Amps T-Pole: Yes No
CAROLINA COMFORT AIR INC Telephone 919-550-7711
Electrical Contractor's Company Name Telephone _____
5212 US HWY 70 BUS W CLAYTON, NC 27520 Email Address yolanda@carolinacomfortair.com
Address _____
23988-L
License # _____

Mechanical/HVAC Contractor Information

Description of Work HVAC CHANGE OUT, REMOVE AND REPLACE EXISTING SYSTEM. 3.5 TON ODU ONLY
CAROLINA COMFORT AIR INC Telephone 919-550-7711
Mechanical Contractor's Company Name Telephone _____
5212 US HWY 70 BUS W CLAYTON, NC 27520 Email Address yolanda@carolinacomfortair.com
Address _____
31589
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.

Golanda Owens

08/12/2024

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: *Golanda Owens* Date: 08/12/2024