

Application # _____

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. Harnett County Central Permitting
420 McKinney Pkwy Lillington, № 27546
PO Box 65 Li lington, № 27546
910-89⊸-7525 ext. 1 Fax \$10.893-2793 www.harnett.org/permits

Application for Residential Building and Traues Permit

Owner's Name: RUSSELL SHEIEFERSTINE					09/23/	202
Site Address: 456 COLONIA						
Subdivision:						
Description of Proposed Work:	CHANGE BREAKER SIZE,	UNIT SERVICES WHO	OLE HOUSE, Cost	1250)0	
Description of Froposed Work.				-		
	General Contra	ctor Information				
Building Contractor's Company	Name	**	Telephone			
Address		10	Email Address			-
	HEATED SQ FT	GARAGE SC	FT			
License #						
Description of Work CHANGE BR	Electrical Contra	actor Information	1			
Description of Work RECONNEC	T ELECTRICAL	Service Size: 4	<u>40/60</u> Amps T-F	Pole: _	Yes _	No
CAROLINA COMFORT AIR INC						
Electrical Contractor's Company	y Name	-	Telephone			
5212 US HWY 70 BUS W CLAYTON N	C 27520		yolanda@carolinaco	omfortair	com.	
Address			Email Address			-
23988-L						
License #						
Liconico n	Mechanical/HVAC C	ontractor Inform	ation			
Description of Work ATTIC/OUTS	IGE OUT, REMOVE & REPLA SIDE SERVICES WHOLE HO	ACE EXISTING SYST	EM. 3.5TON HP SPL	.IT		
CAROLINA COMFORT AIR INC			919-550-7711			
Mechanical Contractor's Company Name			Telephone			
5212 US HWY 70 BUS W CLAYTON NC 27520			yolanda@carolinacomfortair.com			
Address			Email Address			
31589						
License #						
	Plumbing Contra	actor Information	<u>1</u>			
Description of Work			_# Baths			
Plumbing Contractor's Company Name			Telephone			
Address			Email Address			
License #						
2.00.100.11	Insulation Contr	actor Information	<u>n</u>			
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 "ill 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 bysigning 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.

00/22/2024

Golanda Owens	09/23/2024
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Compe	
General Contractor Owner C	Officer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the personal 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 obtathem.	ained workers' compensation insurance to cover
Has one (1) or more subcontractors(s) who has their covering themselves.	r own policy of workers' compensation insurance
Has no more than two (2) employees and no subcor	ntractors.
While working on the project for which this permit is sought Department issuing the permit may require certificates of contonion to issuance of the permit and at any time during the permit carrying out the work.	overage of worker's compensation insurance prior
Sign w/Title: Golanda Owens	Date:_09/23/2024