

Application # \_\_\_\_\_

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. Harnett County Central Permitting
A20 McKinney Pkwy Lillington, № 27546
PO Box 65 Li lington, № 27546
910-89-7/25 ext. 1 Fax £10 893-2793 www.harnett.org/permits

## Application for Residential Building and Traues Permit

| Owner's Name: ALEXANDER TAYLOR   | Date 10/23/2024                              |
|--|--|
| Site Address: 158 GALLERY DRIVE #303 SPRING LAM  |  |
|  | 7 7  |
| Subdivision:   | TING SYSTEM ITY CLOSET/ Total Job Cost 12000 |
| General Contractor Info  |  |
|  |  |
| Building Contractor's Company Name   | Telephone                                    |
|  | <u> </u>                                     |
| Address  | Email Address                                |
|  | AGE SQ FT                                    |
| License #  | 4:   |
| Electrical Contractor Info Description of Work CHANGE BREAKER SIZE, Service RECONNECT ELECTRICAL FROM CHANGE OUT   | e Size: 25 Amps T-Pole: Yes No               |
| RECONNECT ELECTRICAL FROM CHANGE OUT CAROLINA COMFORT AIR INC  | 919-550-7711                                 |
| Electrical Contractor's Company Name   | Telephone                                    |
| 5212 US HWY 70 BUS W CLAYTON NC 27520  | yolanda@carolinacomfortair.com               |
| Address  | Email Address                                |
| 23988-L  |  |
| License #  |  |
| Mechanical/HVAC Contractor  HVAC CHANGE OUT, REMOVE & REPLACE EXISTING SYSTEM 2.5 TON HP SPLIT, CHANGE BREAKER SIZE, UTILITY CLOSET/ OUSIDE, RECONNECT ECLECTRICAL | Information                                  |
| Description of Work  2.5 TON HP SPLIT, CHANGE BREAKER SIZE, UTILITY CLOSET/ OUSIDE, RECONNECT ECLECTRICAL  |  |
| 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 Contractor Info   | <u>ormation</u>                              |
| Description of Work  | # Baths                                      |
|  |  |
| Plumbing Contractor's Company Name   | Telephone                                    |
|  |  |
| Address  | Email Address                                |
| <del></del>  |  |
| License # Insulation Contractor Info   | ormation                                     |
| insulation Contractor line   | ormadon_                                     |
| 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 <a href="bysigning below I have obtained all subcontractors">bysigning below I have obtained all subcontractors</a> permission to obtain these permits and if <a href="mainto-any">any</a> 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 Signature of Owner/Contractor/Officer(s) of Corporation  | 10/23/2024   |
|--|--|
| Signature of Owner/Contractor/Officer(s) of Corporation  | Date   |
|  |  |
|  |  |
| Affidavit for Worker's Compe   | ensation N.C G S. 87-14                              |
| The undersigned applicant being the:   |  |
| General Contractor Owner C   | Officer/Agent of the Contractor or Owner             |
| Do hereby confirm under penalties of perjury that the person set forth in the permit:  | on(s), firm(s) or corporation(s) performing the work |
| ✓ 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.  | ined workers' compensation insurance to cover        |
| Has one (1) or more subcontractors(s) who has their covering themselves.   | r own policy of workers' compensat on 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 co 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 Retail Coordina  | natorDate:10/23/2024                                 |
| V  |  |