

Received 12/28/18

Application # ERES 1812-0029

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: TIM & TARA HOWARD Phone: 919 604-1730

Owner (s) Mailing Address: 7009 Carpenter Firestation Rd
Cary NC 27519

Land Owner Name (s): TIM & TARA HOWARD Phone: 919 604-1730

Construction or Site Address: _____

PIN #: _____ Parcel # 9692-68-5568-000

ACCESSORY
Building
Permit
BRES
1811-0029

Job Cost: \$1000 Description of Work to be done Run Power From meter to
Accessory Building, Add Lights, Receptacles in Accessory Building.

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___ Other ___

Electrical*: 200 Amp ___ <200 Amp Service Change ___ Service Reconnect ___ Other
* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap ___ Number of Baths ___ Water Heater ___

Specific Directions to Job from Lillington:
1.8 miles.
427 North Toward Sanford 12 miles turn Right on Seminole Road
Turn Right on E Harrington Street Light 1 1/2 miles Turn Right on
Thomas Kelly Road 1.7 miles on Right.

Subdivision: _____ Lot #: _____

I Tim Howard will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 12915-U, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Romanoff Electric
Contractor's Company Name
5101 Nelsun Road Suite 200
Address Morrisville NC 27560
12915-U
License #

919 848 4652
Telephone
Thorward@romanoffgroup.ec
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 12/27/18

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

*Company name, address, & phone must match information on license



Harnett
C O U N T Y
NORTH CAROLINA

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: TIM & TARA HOWARD Date: 12/27/18

Site Address: Thomas Kelly Road Phone: 919 604-1730

Subdivision: _____ Lot: _____

Description of Proposed Work: Supply underground power to accessory building and add light/Ke w. Building.

General Contractor Information

Inspected Permit # BRES-1811-0028
Building Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

License # _____

Electrical Contractor Information

Description of Work: Wire accessory building (Service Size: 90 Amps T-Pole: Yes No)

Romanoff Electric
Electrical Contractor's Company Name _____ Telephone 919 848 4612

5101 Nelson Road Suite 200 Morrisville NC 27560
Address _____ Email Address Thoward@romanoffgroup.com

12915-U
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____

Mechanical Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

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

12/27/18
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: _____