



Application # FRES1902-0003

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: SUSAN AGNEW Date: 2-5-19  
Site Address: 100 RAMON LN 28324 Phone: 919-904-5582  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: WELL SERVICE

**General Contractor Information**

D.E.B. Electric Inc Telephone: 919-499-6013  
Building Contractor's Company Name  
431 ALTON'S LN SAN FORD, NC  
Address  
17758-2 Email Address  
License #

**Electrical Contractor Information**

Description of Work WELL SERVICE Service Size: 100 Amps T-Pole:  Yes  No  
D.E.B. Electric Telephone: 919-499-6013  
Electrical Contractor's Company Name  
431 ALTON'S LN  
Address  
17758-2 Email Address  
License #

**Mechanical/HVAC Contractor Information**

Description of Work set up new pole  
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

\_\_\_\_\_  
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: \_\_\_\_\_



# ELECTRICAL RESIDENTIAL

910-893-7525

www.harnett.org

PERMIT NUMBER

ERES1902-0003

<b>JOB ADDRESS:</b> 100 RAMON LN	<b>PERMIT SUBTYPE:</b> ALL OTHER MINIMUM ELECTRICAL	<b>PARCEL NO:</b> 9575-33-8890.000
<b>DESCRIPTION:</b> 100 amp Service for Well	<b>DATE ISSUED:</b>	<b>DATE EXPIRED:</b>
<b>PLAN NAME:</b>	<b>ZONING DISTRICT:</b> RA-20M - 3.82 acres (100.0%)	

<b>APPLICANT:</b> G E B ELECTRIC 431 ALTONS LN SANFORD, NC 27330	<b>PHONE:</b> (919)499-6013 <b>EMAIL:</b>
<b>CONTRACTOR:</b> G E B ELECTRIC 431 ALTONS LN SANFORD, NC 27330	<b>PHONE:</b> (919)499-6013 <b>EMAIL:</b>
<b>OWNER:</b> AGNEW LAWRENCE H 100 RAMON LN CAMERON, NC 28326 CAMERON, NC 28326	<b>PHONE:</b> <b>EMAIL:</b>

### REQUIRED INSPECTIONS

INSPECTION TYPE	APPROVAL	DATE	COMMENTS
FINAL			



# Cash Register Receipt

Harnett County

Receipt Number  
**R2239**

DESCRIPTION	QTY	PAID
PermitTRAK		\$60.00
ERES1902-0003 Address: 100 RAMON LN APN: 9575-33-8890.000		\$60.00
RESIDENTIAL ELECTRIC FEES		\$60.00
MINIMUM ELECTRICAL FEE	0	\$60.00
<b>TOTAL FEES PAID BY RECEIPT: R2239</b>		<b>\$60.00</b>

Date Paid: Tuesday, February 05, 2019

Paid By: G E B ELECTRIC

Cashier: AD

Pay Method: CASH

