

Application # SIZES 1 90

Harnett County Central Permitting

Application # <u>BRES1904</u>-00WS ERES1904-00W

* 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. PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Robert + Susan Cole	Date: 4-26-19
Site Address: 150 Crown Point, SAN ford, NC	27332 Phone: 330-732-7372
Subdivision: <u>Carolina Lakes</u>	Lot: 35
Description of Proposed Work: Deck + Roof for	screen porch
General Contractor Information	
Marshall Johnson Construction, Inc. Building Contractor's Company Name	
283 Banner Elk Rd. Benson, NC 27504 Address	Paliconstruction Russ. com Email Address
55274	
License # Electrical Contractor Infor	rmation
Description of Work Add ceiling From to porch Service	Size: 200 Amps T-Pole: Yes No
R. A. Jackson Blectric, Ins	919-894-5367
Electrical Contractor's Company Name	Telephone
9261 Raleigh Rd. Benson, NC 27504 Address	rajactson electric @ enabarg nail. a Email Address
21144	
License # Mechanical/HVAC Contractor	Information
Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License #	
Plumbing Contractor Information	
Description of Work N /A	# Baths
,	
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License #	
Insulation Contractor Information	
NA	
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

<u>4-26-/9</u> 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	
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: Marfall John Mesident Date: 4-26-19	