



Application # BRES1904-0003

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

ERES1905-0040

MRES1905-0050

PRES1905-0020

IRE S1905-0006

* 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: Mr. Veron means Date: 5/24/19
Site Address: 166 younktshire Drive Phone: 910-988-3180
Subdivision: _____ Lot: _____
Description of Proposed Work: Room Addition

General Contractor Information

Redell Bullard
Building Contractor's Company Name _____ Telephone 910-261-5004
3781 Phillipic Church Rd.
Address _____ Email Address _____
13193 RaeFonl N.C. 28376

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No
All's Electrical Telephone 910-258-4263
Electrical Contractor's Company Name _____
2593 Mary C. Road
Address _____ Email Address _____
25538 AL St. Paul's N.C. 28384

Mechanical/HVAC Contractor Information

Description of Work Extend Duct work
Goins HVAC Telephone 910-827-0387
Mechanical Contractor's Company Name _____
Shannon N.C.
Address _____ Email Address _____
22867 1467 Wagonwheel Rd. Shannon NC 28386

Plumbing Contractor Information

Description of Work Bath & Wash Room @ washer # Baths 2 Bath
Redell Bullard Telephone 910-261-5004
Plumbing Contractor's Company Name _____
3781 philippi church Rd.
Address _____ Email Address _____
13161

Insulation Contractor Information

Redell Bullard Telephone 910-261-5004
Insulation Contractor's Company Name & Address _____

*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]
Signature of Owner/Contractor/Officer(s) of Corporation

5/24/19
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: *[Signature]*

Date: 5/24/19