

Application for Building and Trade Permit

Owner's Name: Joseph Tent Date: 10-11-19
Address: 207 Tent Road West Dunn NC Phone: _____
Directions to job site: _____

Subdivision: _____ Lot: _____

Construction Type: (Please Check) Building Use: (Please Check)
 New Residential
 Renovation Modular
 Addition Commercial
 Moved House Multi-Family
 Other

Description of Proposed Work: install 22 Kw generator
Total Project Cost: _____

Building Permit Information

Heated SF _____ Crawl Space () Building Construction Cost \$ _____
Unheated SF _____ Slab () Acres Disturbed _____ Stories _____

Building Contractor's Company Name _____ Telephone _____
Address _____ License # _____

Signature of Officer(s) of Corporation _____

Electrical Permit Information

Description of Work install 22 Kw generator Electrical Cost \$ 4424.20
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: 200 Amps

Cmc Electric LLC
Electrical Contractor's Company Name _____ Telephone 919-291-0989
PO Box 1833 Clayton NC 27520 Address _____ License # 21804 U

Signature of Officer(s) of Corporation C.C.O.

Mechanical Permit Information

Description of Work _____
Number of Units _____ Type System _____ Mechanical Cost \$ _____

Mechanical Contractor's Company Name _____ Telephone _____
Address _____ License # _____

Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work _____
Number of Baths _____ Plumbing Cost \$ _____

Plumbing Contractor's Company Name _____ Telephone _____
Address _____ License # _____

Signature of Officer(s) of Corporation _____

Insulation Permit Information

Residential () Other () Not Required ()

Insulation Contractor's Company Name _____ Address _____ Telephone _____

Sprinkler System Information

Sprinkler Contractor's Company Name

Telephone

Contact Person

Address

License #

Signature of Officer(s) of Corporation

Fire Alarm System Information

Fire Alarm Contractor's Company Name

Telephone

Contact Person

Address


License #

Signature of Officer(s) of Corporation

Driveway Access

NC Department of Transportation Driveway Access/Permit? Yes ___ No ___

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 if any changes occur in the above contractors I certify it is my responsibility to notify the Harnett County Inspections Division of any changes.



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

10-11-19

Date

Application # _____

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: JOEY TART Phone: 910-890-2603

Owner (s) Mailing Address: 207 TART ROAD
DUNN NC 28334

Land Owner Name (s): JOEY TART Phone: 910-820-2603

Construction or Site Address: 207 TART ROAD

PIN # _____ Parcel # _____

Job Cost: \$320.00 Description of Work to be done SET 500 TANK BEHIND BARN AND RUN APPROX
65 FT OF GAS LINE TO GENERATOR AND PIPE OUT GENERATOR

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:

Subdivision: _____ Lot #: _____

I MIKE E DENNING will provide the GAS PIPING labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 21095, 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.

DIXIE DENNING LP GAS MIKE E DENNING
Contractor's Company Name
705 S WALL ST / PO BOX 517 BENSON NC 27504
Address
21095
License # _____

919-894-3824/ 919-894-2871-FAX
Telephone
JEN473DIXIE@YAHOO.COM
Email Address

Structure Owner / Contractor Signature:  Date: 10-11-19

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**