

Application # BPLS 2001 · 0038

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

information on license.	
Owner's Name: Charles Necessary	Date: 1-20 - 202
Site Address: 3400 Barbacye Church Rd San	Brol Phone: 919 352 5676
Subdivision:	Lot:
Description of Proposed Work: Build Ant adapted bothers bedrem as Claset General Contractor Information	Total Job Cost: 29,500
All American General Contractors LLC Building Contractor's Company Name	910 354 \$539 Telephone
3322 Vausar Cir Fayotteville NC 28303 Address	Jeffery. Crooks @ aghrengiations, Email Address
<u>\$1 4 </u> License #	
Description of Work Mark Inside Residual Contractor Inform	Amps T Pole: Ves v Ne
Description of Work More wirth for landy and wire Service Si Zips Electric for addition Electrical Contractor's Company Name	910 527 9404 Telephone
Electrical Contractor's Company Name	
Address	Zipselectvic @ gmail. com Email Address
21119	
License #	
Mechanical/HVAC Contractor Inf	formation
Description of Work In 1961 a MA; Split	
James Merritt Southern HVAC	910 922 4264
Mechanical Contractor's Company Name	Telephone
937 Que Safinand Ct Eagetterine Ne	
Address Z#3/Z	Email Address
39398	
License #	ation
Description of Work Add for new oak of and a Zandry	# Baths
Tustins Plambing Plumbing Contractor's Company Name	910 364 7290 Telephone
321/2 / A F Admille A.C.	relephone
3216 Lynnhaven Dr Fayettaville NC Address ZOOIL	Email Address
34/53	
License #	
Insulation Contractor Inform	
Al Insulation 2069 Karborough RU Jt Pan	
Insulation Contractor's Company Name & Addréss	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 bysigning 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

1/20/2020 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	
Oo 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 hem.	
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 o 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: 0 Www 7 Date: 1/20/2020	