

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: ERIC BIFFLE Date: 4/21/2020  
 Site Address: 12 Spruce Hollow Cir, Spr Lk 28390 Phone: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of Proposed Work: Install Prefab glass wall mini Split System under existing Patch Roof Total Job Cost: \$14,425.00

**General Contractor Information**  
Bramble Builders Inc Telephone: 910 424 0035  
3119 Camden Rd, Fay NC 28306 Email Address: hcooper@bramblebuilders.com  
 Address

License # \_\_\_\_\_  
**Electrical Contractor Information**  
 Description of Work: Recept & ceiling Fan Service Size: \_\_\_\_\_ Amps T-Pole: Yes No  
Als Electric Telephone: 910 258 4263  
2593 Mary C Rd, St. Pauls NC 28384 Email Address: lockhear4263@gmail.com  
 Address  
25538L  
 License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**  
 Description of Work: Install Mini Split ductless  
James Hayes HVAC Telephone: 910 484-7155  
620 Fair St., Fay, NC 28306 Email Address: jameshayeshvac@gmail.com  
 Address  
2005143 CL  
 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

Harold Cooper

Date 4/28/20

**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: Harold Cooper CONSTR Supervisor Date: 4/28/20