



Application # _____

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/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: JOHN YUSCHAK Date: 11-23-20

Site Address: 1456 MATTHEWS RD. LILLINGTON Phone: 710-971-9228

Subdivision: N/A Lot: 2

Description of Proposed Work: PALE CURRENT ATTACHED GARAGE INTO 2 ROOMS (STORAGE & THEATER) Total Job Cost: \$42,000.-
General Contractor Information

HAIR & GROVES CONSTRUCTION, LLC 919-616-4459
Building Contractor's Company Name Telephone

3209 MEADOW VISTA CT. RALEIGH, NC 27606 FELT.HAIR@GMAIL.COM
Address Email Address

62632 **HEATED SQ FT** 623 **GARAGE SQ FT** —
License #

Electrical Contractor Information

Description of Work ADD LIGHTS, SWITCHES & OUTLETS Service Size: 200 Amps T-Pole: — Yes No

HARTE ELECTRIC, LLC 919-639-6851
Electrical Contractor's Company Name Telephone

7836 HWY 55 SOUTH WILLOW SPRING, NC HARTEELECTRICNC@GMAIL.COM
Address 27592 Email Address

U. 23339
License #

Mechanical/HVAC Contractor Information

Description of Work ADD HVAC SYSTEM TO EXISTING GARAGE

WALL MECHANICAL CONTRACTORS 919-427-7546
Mechanical Contractor's Company Name Telephone

101 W. MAIN ST., STE. 200 GARNER, NC 27529 WALLMECHANICAL@YAHOO.COM
Address Email Address

18462
License #

Plumbing Contractor Information

Description of Work N/A # Baths _____

Plumbing Contractor's Company Name Telephone _____

Address Email Address _____

License # _____

Insulation Contractor Information

N/A; GARAGE WALLS/CEILING ALREADY INSULATED.
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]
Signature of Owner/Contractor/Officer(s) of Corporation

11-23-20
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]* OWNER/GC

Date: 11-23-20