



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: MIKE + Bridgette Burks Date: 1/25/21
Site Address: 9275 US 401 N. Fuquay-VARINA NC Phone: (919) 630-8352
Subdivision: _____ 11'x7' PORCH Lot: _____
Description of Proposed Work: Add 8'x19' BATH ROOM 4 Total Job Cost: \$28,500.00

General Contractor Information

HOME OWNER MIKE BURKS (919) 630-8352
Building Contractor's Company Name Telephone
9275 US 401 N Fuquay-VARINA NC 27526
Address Email Address
License # N/A **HEATED SQ FT** **GARAGE SQ FT**

Electrical Contractor Information

Description of Work wiring AS Required Service Size: _____ Amps T-Pole: Yes No
HOME OWNER MIKE BURKS (919) 630-8352
Electrical Contractor's Company Name Telephone
9275 US 401 N Fuquay-VARINA NC 27526
Address Email Address
License # N/A

Mechanical/HVAC Contractor Information

Description of Work Add 2 4x12 Heat ducts
HOME OWNER MIKE BURKS (919) 630-8352
Mechanical Contractor's Company Name Telephone
9275 US 401 N Fuquay-VARINA, NC 27526
Address Email Address
License # NA

Plumbing Contractor Information

Description of Work 1 shower 2 sinks 2 water closets # Baths 1 1/2
HOME OWNER MIKE BURKS (919) 630-8352
Plumbing Contractor's Company Name Telephone
9275 US 401 N Fuquay-VARINA NC 27526
Address Email Address
License # N/A

Insulation Contractor Information

INSULATING INC (919) 772-9000
Insulation Contractor's Company Name & Address Telephone
5902 FAYVILLE RD RALEIGH NC 27603

***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.

Michael A. Bunk
Signature of Owner/Contractor/Officer(s) of Corporation

1-25-21
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: Michael A. Bunk Date: 1-25-21