

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

Application for Residential Building and Trades Permit

Owner's Name: William Mottley	Date: 2.4.21
Site Address: 18 Dunes Cir.	Phone: 910.676.3436
Subdivision: <u>Carolina</u> <u>Lakes</u>	Lot: 104
Description of Proposed Work: Convert unfinished	asement to finished
General Contractor Informat	tion
William Mottley (owner) Building Contractor's Company Name	910.676.3436 Telephone
18 Dunes Cir. Sanford 27332	Email Address
License # 18 recessed lights Electrical Contractor Information 2 ** A book a circuits 14 receptories Service Size	ation ze: <u>H00</u> Amps T-Pole: Yes No
Rick Goforth Electric, LLC Electrical Contractor's Company Name	910. 273.3451 Telephone
Address U.14935	B Acesx Teyahoo.com Email Address
Description of Work 2 ton HUAC unit includ	ormation
poroved Description of Work 2 ton HUAC unit includ	
	910.356.8588 Telephone
County 6109 Yodkin Rd. Fayetteville, NC 283	Email Address
Plumbing Contractor Informs	ation
Description of Work shower to alve 4 kitchenette	# Baths1
Pipeworx Plumbing	919.775.1019
Plumbing Contractor's Company Name	Telephone
P.O. Pox 754 Sanford 27331 Address	office emypipeworx.com Email Address
License #	
Insulation Contractor Informa	ation
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

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	
Sign w/Title: William E. Tettle Date: 4 1-EB 2 /	