



Application # _____

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

*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: Northpoint Lake Charles LLC Date 10-6-2021
Site Address: 60 B Camellia Lane sp. Lake Phone 910-436-3328
Subdivision: _____ Lot _____
Description of Proposed Work: Fire Restoration Total Job Cost 57,000.00

General Contractor Information

Bedrock Builders 910-425-1751
Building Contractor's Company Name Telephone
3004 Cricket rd Hwy NC 28306 Bedrock Builders@Hotmail.Com
Address Email Address
NC 26637 HEATED SQ FT 900 GARAGE SQ FT _____
License # _____

Electrical Contractor Information

Description of Work Fire Restoration Service Size: _____ Amps T-Pole: Yes No
ANDERSONS electrical and plumbing 910-224-6969
Electrical Contractor's Company Name Telephone
PO Box 142 sp Lake ANDERSONS electrical @ mail .com
Address Email Address
U-31675
License # _____

Mechanical/HVAC Contractor Information

Description of Work Fire Restoration
TOTAL SYSTEMS HT & COOLING 910-436-3450
Mechanical Contractor's Company Name Telephone
13341 Hwy 210 sp Lake SERVICE@TOTALSYSTEMSNC.COM
Address Email Address
License # _____

Plumbing Contractor Information

Description of Work Fire Restoration # Baths _____
ANDERSONS etc a Plumbing 910-224-6969
Plumbing Contractor's Company Name Telephone
PO Box 142 sp Lake
Address Email Address
P1-34162
License # _____

Insulation Contractor Information

A-1 insulation 2069 Varborough Rd 910-429-2990
Insulation Contractor's Company Name & Address Telephone
ST. PAULS NC

***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.

Allen B Bates
Signature of Owner/Contractor/Officer(s) of Corporation

10-6-2021
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: Allen B Bates owner

Date: 10-6-2021