



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: Hugh Douglas Rainey Date 12-2-21  
Site Address: 235 VIC RD. SANFORD N.C. Phone 910 391 7958  
Subdivision: BUFFALO LAKE Lot 4  
Description of Proposed Work: Remodel Total Job Cost: \$79,000

**General Contractor Information**

DOUG RAINY  
Building Contractor's Company Name 910-391-7958 Telephone  
Doug Rainey 91 Blue Heron Sanford N.C. Email Address Douglas.Rainey@Honeywell.com  
Address  
N/A HEATED SQ FT 860 GARAGE SQ FT N/A  
License #

**Electrical Contractor Information**

Description of Work Remodel Service Size: 200 Amps T-Pole: Yes  No  
Arc Electric OF EAY LLC Telephone 910-551-9973  
Electrical Contractor's Company Name  
6658 Clinton Rd, Steelman NC. 28391 Email Address N/A  
Address  
25197-4  
License #

**Mechanical/HVAC Contractor Information**

Description of Work Remodel  
DOUG RAINY Telephone 910-391-7958  
Mechanical Contractor's Company Name  
Doug Rainey 91 Blue Heron Sanford N.C. Email Address Douglas.Rainey@Honeywell.com  
Address  
N/A  
License #

**Plumbing Contractor Information**

Description of Work Remodel # Baths 2  
DOUG RAINY Telephone 910-391-7958  
Plumbing Contractor's Company Name  
Doug Rainey 91 Blue Heron Sanford N.C. Email Address Douglas.Rainey@Honeywell.com  
Address  
N/A  
License #

**Insulation Contractor Information**

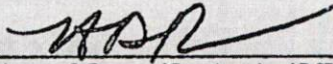
Doug Rainey 91 Blue Heron Sanford N.C. Telephone 910 391 7958  
Insulation Contractor's Company Name & Address

\*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

12-6-2021

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:

YES Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

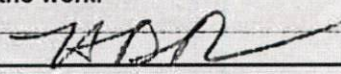
YES Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

YES Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

N/A 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:



OWNER

Date:

12-6-2021