

Application #

* Each section below to be filled out

by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match informati

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

| ion on license. | . / | |
|--|---|--|
| Owner's Name: James Bradley - Jean Brad Site Address: 308 West E Street | dlec Date: 4/29/2022 | |
| Site Address: 308 West E Street | Phone: 910 . 658 - 645 | |
| Subdivision: Erwin Mills - Sec 2 64x15 | 2 Lot: /6/ | |
| Subdivision: Erwin Mills-Sec 2 64x/5 Description of Proposed Work: addition to add Dining Rep. | _ Total Job Cost: 25,000.00 | |
| Conoral Contractor Information | | |
| James + Jean Bradles | 9106586457 | |
| Building Contractor's Company Name | Telephone | |
| James + Jean Bradles Building Contractor's Company Name 308 West & St. Erwn 10 28379 Address | Frank Hon 11309 Meil. Co Email Address | |
| HEATED SO ET /2 40 GARAGE SO |)FT (200 | |
| Description of Work Addoutlets Service Size: Tames Bradley Electrical Contractor's Company Name | | |
| Description of Work Add Outlet L Service Size: | Maria T-Pole: Yes No | |
| Tanas Bradley | 510 6586457 | |
| Electrical Contractor's Company Name | Telephone | |
| 308 West & St. Frain NC | 5 Ame | |
| Address | Email Address | |
| License # | | |
| Mechanical/HVAC Contractor Inform | nation | |
| Description of Work Add Duct work only | | |
| Description of Work Add Duct work only James Bradley | 9106576457 | |
| Mechanical Contractor's Company Name | Telephone | |
| | SAM | |
| Address | Email Address | |
| License # | | |
| License # Plumbing Contractor Informatio | n | |
| Description of Work | # Baths | |
| | | |
| Plumbing Contractor's Company Name | Telephone | |
| Address | Email Address | |
| License # | | |
| Insulation Contractor Information | <u>n</u> | |
| James Bradley | 910-658-6457 | |
| 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 bermission 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, 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.

| The unde | Affidavit for Worker's Compensation N.C.G.S. 87-14 rsigned applicant being the: |
|------------------------|---|
| | General Contractor Owner Officer/Agent of the Contractor or Owner |
| | confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work in the permit: |
| Ha | s three (3) or more employees and has obtained workers' compensation insurance to cover them. |
| Ha them. | s one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover |
| Has | s one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance hemselves. |
| Ha | s no more than two (2) employees and no subcontractors. |
| Departme to issuanc | king on the project for which this permit is sought it is understood that the Central Permitting not issuing the permit may require certificates of coverage of worker's compensation insurance prior the of the permit and at any time during the permitted work from any person, firm or corporation but the work. Date: 4. 27. 2022 |
| Oigii W/ I ii | Date. |