

Application # \_\_\_\_\_

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**

\* 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.

Owner's Name: Joshua + Heather Baker Date: 6/7/22  
 Site Address: 29 Alban Row Fuquay Varina NC 27526 Phone: (919)803-9192  
 Subdivision: Magnolia Crest Lot: \_\_\_\_\_  
 Description of Proposed Work: Install Generator

**General Contractor Information**

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ Email Address \_\_\_\_\_  
 License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Install Generator Service Size: 200 Amps T-Pole:  Yes  No  
~~JS Electric~~ J's Electric INC. Telephone (919)803-9192  
 Electrical Contractor's Company Name \_\_\_\_\_  
2229 Wade Nash Rd. Holly Springs NC 27540 Email Address Josh@js electric.org  
 Address \_\_\_\_\_  
25612-12  
 License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work Propane Hookup for Generator  
Dixie Deming L.P. Gas Telephone (919)894-3824  
 Mechanical Contractor's Company Name \_\_\_\_\_  
705 - South Wall St Benson NC 27504 Email Address dixiedeming@gmail.com  
 Address \_\_\_\_\_  
21095  
 License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
 Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ Email Address \_\_\_\_\_  
 License # \_\_\_\_\_

**Insulation Contractor Information**

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

6/7/22  
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:  VP    Date: 6/7/22