



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.hamett.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: Paulby Anderson Date 6/15/22

Site Address: 4119 US 401 N, Fuquay Varina NC 27526 Phone 984-225-0059

Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_

Description of Proposed Work: Installing 22kw generator Total Job Cost 3500.<sup>00</sup>  
200 amp PMS, gas piping

**General Contractor Information**

Smart Energy  
Building Contractor's Company Name

919-467-8001  
Telephone

7505 Spy Glass way Raleigh NC 27615  
Address

amy@alternativepower.com  
Email Address

29166  
License #

**HEATED SQ FT** \_\_\_\_\_

**GARAGE SQ FT** \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Installing 22kw generator Service Size: 200 Amps T-Pole:  Yes  No

Smart Energy  
Electrical Contractor's Company Name

919-467-8001  
Telephone

7505 Spy Glass way Raleigh NC 27615  
Address

amy@alternativepower.com  
Email Address

29166  
License #

**Mechanical/HVAC Contractor Information**

Description of Work gas piping to generator

Farmer LP Gas & Oil  
Mechanical Contractor's Company Name

910-893-3598  
Telephone

805 US 401 S. Lillington NC 27546  
Address

\_\_\_\_\_  
Email Address

22504  
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.**

*Amy Suddeth*  
Signature of Owner/Contractor/Officer(s) of Corporation

6/15/22  
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: *Amy Suddeth* Date: 6/15/22