

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: Chase DPM LLC Date 8/26/22
Site Address: 111 Turkey Oak Circle, Bunn level, NC 28323 Phone 910 670 9443
Subdivision: FOREST OAKS Lot 15
Description of Proposed Work: Finish Bonus Room Total Job Cost \$20,000

General Contractor Information

Bramble Home Improvements Inc 910 988 0033
Building Contractor's Company Name Telephone
5353 Red Tip Rd Ste 107 Fayetteville NC 28314 Chrisbramble@gmail.com
Address Email Address
84794 **HEATED SQ FT** 1,542 **GARAGE SQ FT** 514
License #

Electrical Contractor Information

Description of Work Outlets, Lights, switches Service Size: _____ Amps T-Pole: Yes No
Zips Electric 910 527 9404
Electrical Contractor's Company Name Telephone
5211 Perry Olivier Dr Hope Mills NC 28348 zipselectric@gmail.com
Address Email Address
2119
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC For bonus Room
Scotts Air 910 424 1661
Mechanical Contractor's Company Name Telephone
3398 Gabe Smith Rd Wade NC 28395 Scottsair@hotmail.com
Address Email Address
L30577
License #

Plumbing Contractor Information

Description of Work N/A # Baths _____
Plumbing Contractor's Company Name Telephone
Address Email Address
License #

Insulation Contractor Information

Cumberland Insulation Co Inc 4205 Clinton Rd 28312 910 484-7118
Insulation Contractor's Company Name & Address Telephone

***NOTE: General Contractor / owner must fill out and sign the second page of this application.**

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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.

Chris Bramble
Signature of Owner/Contractor/Officer(s) of Corporation

8/26/22
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: Chris Bramble / Owner Date: 8/26/22