



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: Arthur Chancellor Date 2/18/24
Site Address: 131 Wed Denning Drive, Angier, NC 27501 Phone 615-456-3594
Subdivision: Johnson Farms Lot 8
Description of Proposed Work: install 20kw generator, (2) transfer switches, gas piping Total Job Cost \$19,800

General Contractor Information

Building Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

License # _____ HEATED SQ FT _____ GARAGE SQ FT _____

Electrical Contractor Information

Description of Work install 20kw generator Service Size: 400 Amps T-Pole: Yes No
CMC Service Experts w/ (2) 200 amp transfer switches Telephone 919-291-0909
Electrical Contractor's Company Name _____
100 North Lombard St Clayton, NC _____ Email Address dispatch@cmcservice.com
26804 _____
License # 27520

Mechanical/HVAC Contractor Information

Description of Work gas piping for generator install
Apostle Service Group Telephone 919-728-1133
Mechanical Contractor's Company Name _____
50 Cole Creek way Franklinton NC 27525 Email Address apostleservicegroup@gmail.com
Address 35291 _____
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.

Hailey Hodge
Signature of Owner/Contractor/Officer(s) of Corporation

2/8/24
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: _____ Date: _____

★ NOTE - This location has 2 separate meters, we are installing (1) ATS on each meter, Duke said we will need 2 inspections, one for each meter.
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