



Harnett
COUNTY
 NORTH CAROLINA

MECHANICAL RESIDENTIAL

910-893-7525

www.harnett.org

PERMIT NUMBER

MRES1808-0052

| | | |
|----------------------------------|--|------------------------------------|
| JOB ADDRESS: 1744 MAIN ST | PERMIT SUBTYPE: UP TO 2 UNIT REPLACEMENT INCLUDES ELECTRICAL | PARCEL NO: 0681-11-0750.000 |
| DESCRIPTION: | DATE ISSUED: | DATE EXPIRED: |
| PLAN NAME: | ZONING DISTRICT: RA-30 - 1.16 acres (100.0%) | |

| | |
|---|--|
| APPLICANT: DAVIS MARJORIE 1744 N MAIN ST LILLINGTON, NC 27546-0000 | PHONE: (919)557-0004 EMAIL: |
| CONTRACTOR: Ideal Services Co. - Elect 110 Tradition Trl HOLLY SPRINGS, NC 27540 | PHONE: (919)557-0004 EMAIL: patsy@idealservicesonline.com |
| OWNER: DAVIS MARJORIE 1744 MAIN ST LILLINGTON, NC 27546 LILLINGTON, NC 27546-0000 | PHONE: EMAIL: |

REQUIRED INSPECTIONS

| INSPECTION TYPE | APPROVAL | DATE | COMMENTS |
|------------------------|-----------------|-------------|-----------------|
| FINAL** | | | |



Development Services
108 E. Front St
Lillington, NC 27546
910-893-7525

CC SALE

MID: xxx9684
TID: xxxx2853
Ref #: 204259292
Batch #: 1038518
Date/Time: 08/23/18 10:59:41 AM
Inv/Tkt #: 180823105832926
Appr Code: 08265G
Visa
4xxxxxxxxxxxx4479
Keyed

Amount USD\$ 90.00

Approved

Mode: Card

CUSTOMER COPY



djohnson@Harnett.org



Application # MRES1808.0002

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

* 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.

Application for Residential Building and Trades Permit

Owner's Name: Matthew Davis Date: 8/22/18
Site Address: 1744 main st. Phone: 919-557-0004
Subdivision: _____ Lot: _____
Description of Proposed Work: Replace hvac unit in existing area

General Contractor Information

Building Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Ideal Services Co.

Electrical Contractor Information

Description of Work Replace hvac unit Service Size: _____ Amps T-Pole: Yes No
Ideal Services Heating AND Cooling
Electrical Contractor's Company Name _____ Telephone 919-557-0004
Address 110 tradition trail Holly Springs, NC 27540 Email Address _____
License # 27245

Ideal Services Co.

Mechanical/HVAC Contractor Information

Description of Work Replace hvac unit
ideal services Heating AND Cooling
Mechanical Contractor's Company Name _____ Telephone 919-557-0004
Address 110 tradition trail Holly Springs, NC 27540 Email Address patsy@idealservicesonline.com
License # 26983

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.

Patry Law
 Signature of Owner/Contractor/Officer(s) of Corporation

8/22/18
 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: _____