



Application # MRES1808-0000

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: Joseph Crawford Date: 8/20/2018
Site Address: 115 New River Court Phone: 919-244-1650
Subdivision: _____ Lot: _____
Description of Proposed Work: Change out heat pump/Air Handler
CRACK/OUTDOOR

General Contractor Information

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

Electrical Contractor Information

Description of Work: Change out HVAC Service Size: _____ Amps T-Pole: Yes No
Air Experts Heating, Cooling, Inc
Electrical Contractor's Company Name _____ Telephone 890-7789
418 Forsyth Street Address _____ Email Address lisa.lehman@yourexperts.com
244982 License # _____

Mechanical/HVAC Contractor Information

Description of Work: Change out HVAC
Air Experts Heating, Cooling, Inc
Mechanical Contractor's Company Name _____ Telephone 890-7789
7 Keapert Road Address _____ Email Address lisa.lehman@yourexperts.com
15367 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 _____

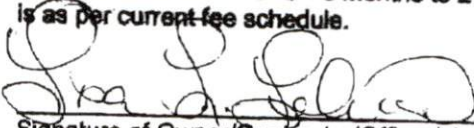
***NOTE: General Contractor / owner must fill out and sign the second page of this application.**

strong roots • new growth



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

8/20/2018
 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: 8/29/2018



MECHANICAL RESIDENTIAL

910-893-7525

www.harnett.org

PERMIT NUMBER

MRES1808-0060

JOB ADDRESS: 115 NEW RIVER CT	PERMIT SUBTYPE: UP TO 2 UNIT REPLACEMENT INCLUDES ELECTRICAL	PARCEL NO: 0663-82-5813.000
DESCRIPTION: Chg out Ht pump/Air handler Crwl/outdoor	DATE ISSUED:	DATE EXPIRED:
PLAN NAME:	ZONING DISTRICT: RA-30 - 0.59 acres (100.0%)	

APPLICANT: AIR EXPERTS HEATING & AIR 7 RUPERT RD RALEIGH NC RALEIGH, NC 27603	PHONE: (919)890-7789 EMAIL:
CONTRACTOR: AIR EXPERTS HEATING & AIR 7 RUPERT RD RALEIGH NC RALEIGH, NC 27603	PHONE: (919)890-7789 EMAIL:
OWNER: CRAWFORD JOSEPH F 115 NEW RIVER CT ANGIER, NC 27501 ANGIER, NC 27501	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 #: 205190909
Batch #: 1050190
Date/Time: 08/29/18 03:36:54 PM
Inv/Tkt #: 180829153614656
Appr Code: 65334G
Visa
4xxxxxxxxxxxx9289
Keyed

Amount USD\$ 90.00

Approved

Mode: Card

CUSTOMER COPY