

09/09/11

Application #

MRES1810-0039

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.

Application for Residential Building and Trades Permit

Owner's Name Snead, Greg Date 10-23-18
 Site Address 155 Rollins Mill Rd. Holly Springs Phone 919-602-5951
 Directions to job site from Lillington 401 towards Kipling, 27540
Turn Left Christian Light Rd, Then Left Cokerbury Rd,
Left Wade Stephenson Rd, Left on Hwy 42 Right on Rollins
 Subdivision PIN-0626712295000/PID-050626005907 Mill Rd.
 Description of Proposed Work Install Generator - 22 KW # of Bedrooms RA-30
 Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

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

Electrical Contractor Information

Description of Work Hook up generator 22kw Service Size 22 Amps T-Pole Yes No _____
Cape Fear Electrical (Whole House) Telephone 910-483-8790
 Electrical Contractor's Company Name 28305 Telephone _____
1139 Roberson St. Fayetteville, N.C. Email Address pam.johnson@capefearair.com
 Address 31418 L Email Address _____
 License # _____

Mechanical/HVAC Contractor Information

Description of Work Install Generator 22KW - Whole House
Cape Fear AC & Heating Telephone 919-322-2000
 Mechanical Contractor's Company Name _____ Telephone _____
9400-7 Ramsdell Rd Raleigh, NC 27603 Email Address pam.johnson@capefearair.com
 Address 31493 Email Address _____
 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 must fill out and sign the second page of this application

Received 10/24/18

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

electrical Johnny John Mech Frank Mashione 10-23-18
signature of Owner/Contractor/Officer(s) of Corporation 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

Company or Name _____

Sign w/Title _____ Date _____