

09/09/11

Application #

Harnett County Central Permitting

PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2783 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

Owners Name Cory & Kelsey Nyand Date 7/2/18
Joshua Lindquist
Site Address 20 Blairwood Dr., Fuquay-Varina, NC 27626 Phone (252) 508-1490
Directions to job site from Lillington _____

Subdivision Victoria Hills Lot 236
Description of Proposed Work HVAC Replacement # of Bedrooms 3
Heated SF X Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____
General Contractor Information

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

PA-30

Electrical Contractor Information
Description of Work HVAC Replacement Service Size _____ Amps T-Pole Yes No
Newcomb and Company Telephone (919) 862-3000
Electrical Contractor's Company Name
3000 Comfort Ct., Raleigh, NC 27604 Email Address bboehm@newcombandcompany.com
Address
24864-0
License #

Mechanical/HVAC Contractor Information
Description of Work HVAC Replacement
Newcomb and Company Telephone (919) 862-3000
Mechanical Contractor's Company Name
3000 Comfort Ct., Raleigh, NC 27604 Email Address bboehm@newcombandcompany.com
Address
785-h3
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

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]
 Signature of Owner/Contractor/Officer(s) of Corporation

7/2/18
 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

Company or Name _____

Sign w/Title _____ Date _____