



# MECHANICAL RESIDENTIAL

910-893-7525

www.harnett.org

PERMIT NUMBER

MRES1811-0034

<b>JOB ADDRESS:</b> 303 W D ST	<b>PERMIT SUBTYPE:</b> UP TO 2 UNIT REPLACEMENT INCLUDES ELECTRICAL	<b>PARCEL NO:</b> 0597-52-5835.000
<b>DESCRIPTION:</b> Install 3 ton gas package with ductwork	<b>DATE ISSUED:</b>	<b>DATE EXPIRED:</b>
<b>PLAN NAME:</b>	<b>ZONING DISTRICT:</b> Residential Mill Village - 0.16 acres (100.0%)	

<b>APPLICANT:</b> CAPE FEAR A/C & HEATING CO INC 1139 ROBESON STREET FAYETTEVILLE, NC 28305	<b>PHONE:</b> (910)483-8790 <b>EMAIL:</b> sandra.finnerty@capefearair.com
<b>CONTRACTOR:</b> CAPE FEAR A/C & HEATING CO INC 1139 ROBESON STREET FAYETTEVILLE, NC 28305	<b>PHONE:</b> (910)483-8790 <b>EMAIL:</b> sandra.finnerty@capefearair.com
<b>OWNER:</b> HOLLOWELL PATRICIA MCLEAN 303 W D ST ERWIN, NC 28339 ERWIN, NC 28339-2525	<b>PHONE:</b> <b>EMAIL:</b>

### REQUIRED INSPECTIONS

INSPECTION TYPE	APPROVAL	DATE	COMMENTS
FINAL**			



# Cash Register Receipt

Harnett County

Receipt Number  
**R1613**

DESCRIPTION	QTY	PAID
PermitTRAK		\$90.00
MRES1811-0034 Address: 303 W D ST APN: 0597-52-5835.000		\$90.00
RESIDENTIAL MECHANICAL FEES		\$90.00
UP TO 2 UNIT REPLACEMENT	0	\$90.00
<b>TOTAL FEES PAID BY RECEIPT: R1613</b>		<b>\$90.00</b>

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Date Paid: Thursday, November 29, 2018  
Paid By: CAPE FEAR A/C & HEATING CO INC  
Cashier: BP  
Pay Method: EMV 029361|218041595

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09/09/11

Application #

MPES1811-0034

Harnett County Central Permitting

PO Box 65 Lillington NC 27546

910 893 7626 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 Dennis Hollowell Date 11-27-18  
Site Address 303 W. D Street, Erwin, N.C. Phone 910-514-8293  
Directions to job site from Lillington 421 to Erwin, Turn Right, turn Right on D Street.

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work Install 3ton Gas Package with ductwork # of Bedrooms \_\_\_\_\_  
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 gas package Service Size \_\_\_\_\_ Amps T-Pole Yes \_\_\_\_\_ No \_\_\_\_\_  
Cape Fear Electrical Telephone 910-483-8790  
Electrical Contractor's Company Name \_\_\_\_\_  
1139 Robeson St. Fayetteville, N.C. 28305 Email Address pam.johnson@capefearair.com  
Address 31418 L  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work install 3ton Gas Package with ductwork  
Cape Fear AC + Heating Telephone 919.322-2006  
Mechanical Contractor's Company Name \_\_\_\_\_  
9400-7 Ransdell Rd. Raleigh 27603 Email Address pam.johnson@capefearair.com  
Address 31493  
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**



18.01.15.12.9/1

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**

Jeremy Johnson  
Signature of Owner/Contractor/Officer(s) of Corporation

11-29-18  
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 \_\_\_\_\_