



Application # MRES1904-0055

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: Amanda Decker Date: 4-25-19
Site Address: 603 S. 12th St., Erwin NC 28339 Phone: 919-749-6410
Subdivision: _____ Lot: _____
Description of Proposed Work: change out 2.5 ton Gas PKg

General Contractor Information

Building Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

License # _____
Rehook to existing **Electrical Contractor Information**

Description of Work change out 2.5 ton gas PKg Service Size: Amps T-Pole: Yes No
Cape Fear Electrical 910-483-8790

Electrical Contractor's Company Name _____ Telephone _____
1139 Robeson St., Fayetteville N.C. 28305 pam.johnson@capefearair.com
Address _____ Email Address _____
31418 L

Mechanical/HVAC Contractor Information

Description of Work change out 2.5 ton gas PKg - outside CRAWL
Cape Fear AC & Heating 919-322-2000

Mechanical Contractor's Company Name _____ Telephone _____
9400-7 Ransdell Rd. Raleigh NC pam.johnson@capefearair.com
Address _____ Email Address _____
31493 27603

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.

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

4-25-19
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: _____