

09/09/11

Application #

MRES1907-0016

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

Owner's Name Williams, Rhonda Date 7-5-19
Site Address 1170 Olive Branch Rd, Fuquay Varina Phone 919-622-1598
Directions to job site from Lillington Hwy 401, turn left Christian Light Rd, TR Olive Branch Rd.

Subdivision _____ Downstairs Lot _____
Description of Proposed Work Change out 2.5t split heat pump # of Bedrooms _____
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

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

Electrical Contractor Information

Description of Work rehook to existing Service Size N/A Amps T-Pole Yes No
Cape Fear Electrical Telephone 910-482-8790
Electrical Contractor's Company Name _____
1139 Robeson St, Fayetteville, NC Email Address Pam.johnson@cape-fear.a.c.
Address 28305 _____
31418 L _____
License # _____

Mechanical/HVAC Contractor Information

Description of Work Change out 2.5t split heat pump crawl + outside
Cape Fear AC + Heating Telephone 919-322-2000
Mechanical Contractor's Company Name _____
9400-7 Ransdell Rd, Raleigh, NC Email Address Pam.johnson@cape-fear.a.c.
Address 27603 _____
31493 _____
License # _____

Plumbing Contractor Information

Description of Work N/A # 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

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

07-05-2019
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 _____