

09/09/11

Application #

Harnett County Central Permitting

PO Box 85 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 Barbara Lepage Date 9-5-19
Site Address 131 Gold Ct Broadway, NC 27505 Phone 919-356-8861
Directions to job site from Lillington

Subdivision Lot
Description of Proposed Work Heat pump split system # 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 Disconnect, reconnect power Service Size Amps T-Pole Yes No
Carolina Air Conditioning Co. Inc Telephone 919-683-2421
641 S. New Hope Rd Raleigh NC 27610 Address Email Address ids@carolinaac.com
16325 License #

Mechanical/HVAC Contractor Information

Description of Work New heat pump split system
Carolina Air Conditioning Co. Inc Telephone 919-683-2421
641 S. New Hope Rd Raleigh, NC 27610 Address Email Address ids@carolinaac.com
27084 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

Oliver Shuebs
Signature of Owner/Contractor/Officer(s) of Corporation

9-5-19
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

Company or Name Carolina Air Conditioning Co. LLC

Sign w/Title Oliver Shuebs - Install Coordinator Date 9-5-19