

Application for Building and Trade Permit

Owner's Name: Russell Harrison
Address: 11 Chaly Beach Road
Directions to job site: _____

Date: 9/9/2019
Phone: 919-608-1686

Subdivision: _____ Lot: _____
Construction Type: (Please Check) Building Use: (Please Check)
 New Residential
 Renovation Modular
 Addition Commercial
 Moved House Multi-Family
 Other

Description of Proposed Work: Change out heat pump/Air Handler
Total Project Cost: 6000

Building Permit Information

Heated SF _____ Crawl Space () Building Construction Cost \$ _____
Unheated SF _____ Slab () Acres Disturbed _____ Stories _____

Building Contractor's Company Name _____ Telephone _____
Address _____ License # _____
Signature of Officer(s) of Corporation _____

Electrical Permit Information

Description of Work: Change out H/P & A/H Electrical Cost \$ 400
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: _____ Amps
Air Experts Heating Cooling Inc 919-890-7789
Electrical Contractor's Company Name Telephone
11 Rupert Road 24498
Address License #
[Signature]
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work: Change out H/P & A/H Mechanical Cost \$ 5600
Number of Units 1 Type System Elect
Air Experts Heating Cooling Inc 919-890-7789
Mechanical Contractor's Company Name Telephone
11 Rupert Road 15367
Address License #
[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____ Plumbing Cost \$ _____
Number of Baths _____
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ License # _____
Signature of Officer(s) of Corporation _____

Insulation Permit Information

Residential () Other () Not Required ()
Insulation Contractor's Company Name _____ Address _____ Telephone _____

Sprinkler System Information

Sprinkler Contractor's Company Name _____ Telephone _____
Contact Person _____
Address _____ License # _____
Signature of Officer(s) of Corporation _____

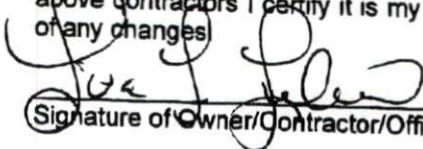
Fire Alarm System Information

Fire Alarm Contractor's Company Name _____ Telephone _____
Contact Person _____
Address _____ License # _____
Signature of Officer(s) of Corporation _____

Driveway Access

NC Department of Transportation Driveway Access/Permit? Yes ___ No ___

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 if any changes occur in the above contractors I certify it is my responsibility to notify the Harnett County Inspections Division of any changes.



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

9/9/2019

Date

**Affidavit for Worker's Compensation
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # _____ being the:

- _____ 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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
- _____ Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
- _____ Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.
- _____ Has/have not 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.

Firm Name: _____

By/Title: _____

Date: _____