



Eres2001-0047
Bres2001-0047
Mres2001-0045

Application #

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: Beth Bjerregaard & William Riggsbee Date: 11/20/2020
Site Address: 457 Ausley Rd Fuquay Varina NC 27524 Phone: 919 500 4921
Subdivision: _____ Lot: _____
Description of Proposed Work: finish Bonus Room over garage Total Job Cost: \$ 10,000 approx

General Contractor Information

Building Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

License # _____

Electrical Contractor Information

Description of Work lights, outlets new breaker, electric for near Service Size: _____ Amps T-Pole: Yes No

Austin Dean Electrical Contractor _____
Electrical Contractor's Company Name Telephone _____

2837 Baptist Grove Rd. Fuquay Varina NC 27520 _____
Address Email Address _____

L-29839 _____
License # _____

Mechanical/HVAC Contractor Information

Description of Work Mini-split ATTIC _____
JC'S Heating & Air _____
Mechanical Contractor's Company Name Telephone 919-552-3053

Jimmy R. Cowell 1539 Wade Stephenson Rd _____
Address Holly Springs _____
Email Address JCSHVAC.com

H-3 12655 _____
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

License # _____

Insulation Contractor Information

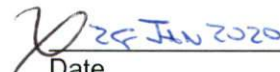
owner _____
Insulation Contractor's Company Name & Address Telephone _____

***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.


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

 28 JUN 2020
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: 28 JUN 2020