



Application # Bres1912-0039

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: Julie Kelly Date: 12-30-19
Site Address: 55 FOR LANE SAUFORD NC 27332 Phone: 919-358-9201
Subdivision: _____ Lot: _____
Description of Proposed Work: _____ Total Job Cost: \$105,000

General Contractor Information

Wit's Remodeling INC 919-708-2316
Building Contractor's Company Name Telephone
456 Heron Rogers Ln Broadlands
Address Email Address
74761
License #

Electrical Contractor Information

Description of Work Add To home Service Size: 200 Amps T-Pole: Yes No
ON time SERVICES 919-669-7209
Electrical Contractor's Company Name Telephone
1140 NC SSE
Address Email Address
24450-L
License #

Mechanical/HVAC Contractor Information

Description of Work Replace HVAC
D&D HVAC 919-935-3213
Mechanical Contractor's Company Name Telephone
2113 Belford Dr. Sauford 27330
Address Email Address
23371
License #

Plumbing Contractor Information

Description of Work Removal/ Add (1) # Baths 2
Avery Plumbing 919-369-0719
Plumbing Contractor's Company Name Telephone
3221 B Plain View Church Rd Angier NC
Address Email Address
27501
10886
License #

Insulation Contractor Information

Tri City 2240 Gray Goose Loop 910-486-8855
Insulation Contractor's Company Name & Address Telephone
Rayetteville NC 28306

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

3/4/2020
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: *[Signature]* Date: 3/4/2020