

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: Jason Powell Date: 4/15/2020
Site Address: 624 Crystal Spring Dr. Sanford NC 27332 Phone: (919) 343-1399
Subdivision: Crestview Estates Lot: 177
Description of Proposed Work: Unit Changeout Total Job Cost: \$2,200

General Contractor Information

Building Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

License # _____

Electrical Contractor Information

Description of Work 2.5 Ton unit Changeout Service Size: _____ Amps T-Pole: Yes No

Cedar Hill Electric _____ Telephone (910) 965-0222
Electrical Contractor's Company Name _____

3688 Cedar Hill Drive Fay NC 28312 Call premier heating and air
Address _____ Email Address @gmail.com

090066
License # _____

Mechanical/HVAC Contractor Information

Description of Work 2.5 Ton heat pump split system Change out
Premier heating and air _____ Telephone (910) 965-0222
Mechanical Contractor's Company Name _____

581 Executive Pl. #300 Fay NC 28305 Call premier heating and air
Address _____ Email Address @gmail.com

30486
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

License # _____

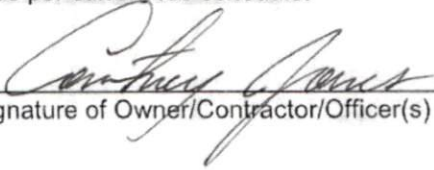
Insulation Contractor Information

Insulation Contractor's Company Name & Address _____ Telephone _____

***NOTE: General Contractor / owner must fill out and sign the second page of this application.**

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

4/15/2020
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: Courtney Jones (office manager) Date: 4/15/2020