



Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application # \_\_\_\_\_

\* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Robert Havens Date: 9/23/20
Site Address: 1005 Buffalo Lake Rd. Sanford Phone: 910-987-1887
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of Proposed Work: installation of a 22kw generator with a 200amp transfer switch
Total Job Cost: \_\_\_\_\_

General Contractor Information

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_
Address \_\_\_\_\_ Email Address \_\_\_\_\_
License # \_\_\_\_\_ HEATED SQ FT \_\_\_\_\_ GARAGE SQ FT \_\_\_\_\_

Electrical Contractor Information

Description of Work: installation of generator Service Size: 200 Amps T-Pole: Yes No
CMC Electric Telephone: 919 291-0989
Electrical Contractor's Company Name Address: PO Box 1833 Clayton NC 26804 U
License # \_\_\_\_\_ Email Address: lauren@cmcelectrical.com

Mechanical/HVAC Contractor Information

Description of Work: Gas piping to generator Parker Gas Telephone: 910 323-8283
Mechanical Contractor's Company Name Address: 2785 Owen Dr. Fayetteville NC 29505
License # \_\_\_\_\_ Email Address: mmcormick@parkergas.com

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.



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.

*Sam Parker*  
Signature of Owner/Contractor/Officer(s) of Corporation

9/23/2020  
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: \_\_\_\_\_