

Application # _____

Harnett County Central Permitting 420 McKinney Pkwy Lillington, NC 27546 PO Box 65 Lillington, NC 27546 910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

* 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: Alain Camejo Date <u>09/21/21</u> | | | | | | | |
|--|---|--|--|--|--|--|--|
| Site Address: 45 IRIS BRYANT RD | Phone (<u>786) 5089501</u> | | | | | | |
| Subdivision: DS-02183-001-001-SOUTH ERWIN | Lot9-14 | | | | | | |
| Description of Proposed Work: REMODELING (bathrooms rei | novation including plumbing, kitchen renovation | | | | | | |
| including plumbing, new electrical panel, replace damage floor | sheeting, replace all drywall, install new | | | | | | |
| windows. Total Job Co | st26,300 | | | | | | |
| General Contractor Information | | | | | | | |
| Luis Villegas | (954) 8657942 | | | | | | |
| Building Contractor's Company Name | Telephone | | | | | | |
| <u>953 Templeridge RD, Wake Forest, NC 27587</u> Address | NCHIGHENDBUILDERSLLC@GMAIL.COM Email Address | | | | | | |
| 86384 HEATED SQ FT_1,116 GARA | AGE SQ FT300 | | | | | | |
| License # Electrical Contractor In | formation | | | | | | |
| Description of Work <u>NEW WIRING & ELECTRICAL PANEL</u> S | | | | | | | |
| Sine Wave Electric LLC | (919)4826400 | | | | | | |
| Electrical Contractor's Company Name | Telephone | | | | | | |
| 5513 BELLCAMP CT RALEIGH, NC 27610 | | | | | | | |
| Address | Email Address | | | | | | |
| License # | | | | | | | |
| Mechanical/HVAC Contract | or Information | | | | | | |
| Description of Work INSTALL NEW CENTRAL A/C UNIT | | | | | | | |
| NC AIR HEATING AND COOLING | (919)3483243 | | | | | | |
| Mechanical Contractor's Company Name | Telephone | | | | | | |
| 6849 WOODTRACE DR, WENDELL NC, 27591 | EMAKIA00498@gmail.com | | | | | | |
| Address | Email Address | | | | | | |
| <u>35044</u> License # | | | | | | | |
| Plumbing Contractor Ir | nformation | | | | | | |
| Description of Work replace old pipes and new water heater | # Baths_2 | | | | | | |
| MGS Plumbing INC | (919)3905801 | | | | | | |
| Plumbing Contractor's Company Name | Telephone | | | | | | |
| 113 King William Rd Raleigh, NC 27610 | msgplumbingnc@gmail.com | | | | | | |
| Address | Email Address | | | | | | |
| 35118 | | | | | | | |
| License # | | | | | | | |



Insulation Contractor Information

| PROJEKT AVELLANEDA CORP/ 94 MALLARD LOOP DR, CLAYTON NC 27527 | 786 5089501 |
|---|-------------|
| 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 <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> 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 sub-edule.

09/21/21

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Date

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

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| Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: | | | | | | |
|--|---|----------------------|---------------|--------------------|-----------------------------|---|
| Х | _ General Contractor | Owner | Officer | Agent of the Cor | ntractor or Owner | |
| | eby confirm under penalties h in the permit: | s of perjury that th | e person(s), | firm(s) or corpora | tion(s) performing the worl | k |
| | Has three (3) or more empl | oyees and has ob | tained worke | rs' compensation | insurance to cover them. | |
| them. | Has one (1) or more subco | ntractors(s) and h | as obtained v | vorkers' compens | sation insurance to cover | |
| | _ Has one (1) or more subc ng themselves. | ontractors(s) who | has their ow | n policy of worke | rs' compensation insurance | е |
| | Has no more than two (2) e | mployees and no | subcontracte | ors. | | |
| Depart to issu | working on the project for w ment issuing the permit ma ance of the permit and at ar g out the work. | y require certificat | es of covera | ge of worker's co | mpensation insurance prio | r |
| Sign w | /Title: CG | lanos | | | Date: 09/21/21 | |