

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

~ -

Date

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

.....

.

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	