



Application # _____

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: Mike Harrison Date: 7/21/2021
Site Address: 706 Vic Keith Road, Sanford, NC 27332 Phone: 910-315-1762
Subdivision: Buffalo Lakes Lot: 3A
Description of Proposed Work: Bedroom/bath Addition

General Contractor Information

\$70,000

Home - Harrison
Building Contractor's Company Name Telephone
Address Email Address
License #

Electrical Contractor Information

Description of Work Bedroom/bath Addition Service Size: Existing Amps T-Pole: Yes No
Sandhills Heating, Refrigeration, & Electrical 910-690-6271
Electrical Contractor's Company Name Telephone
9206 NC 211 Aberdeen, NC 28315 rich@sandhillsheating.com
Address Email Address
U24043
License #

Mechanical/HVAC Contractor Information

Description of Work Bedroom/bath Addition
Sandhills Heating & Air 910-338-3723
Mechanical Contractor's Company Name Telephone
9206 NC 211 Aberdeen, NC 28315 rich@sandhillsheating.com
Address Email Address
30377
License #

Plumbing Contractor Information

Description of Work Bedroom/bath Addition # Baths _____
Pipeworx 919-775-1019
Plumbing Contractor's Company Name Telephone
PO Box 754 Sanford, NC 27331 office@mypipeworx.com
Address Email Address
31056
License #

Insulation Contractor Information

Homeowner Mike Harrison
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.

[Handwritten Signature]

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

9/10/21

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: *[Handwritten Signature]* / owner

Date: *9/10/21*