



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: BRE GREINKE Date 11/30/21

Site Address: 119 CLEARVIEW COURT

Phone 9107239711

Subdivision: _____ Lot _____

Description of Proposed Work: CHANGE OUT OF 3 TON SPLIT HEAT PUMP

Total Job Cost \$2230

General Contractor Information

Building Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

HEATED SQ FT _____ GARAGE SQ FT _____

License # _____

Electrical Contractor Information

Description of Work RECONNECT OF HVAC CHANGE OUT Service Size: _____ Amps T-Pole:

Yes ___ No

MANDOLIN HVAC AND CONSTRUCTION 8442702345

Electrical Contractor's Company Name _____ Telephone _____

3125-107 GRESHAM LAKE ROAD INFO@MANDOLINHVAC.COM

Address _____ Email Address _____

34305

License # _____

Mechanical/HVAC Contractor Information

Description of Work CHANGE OUT OF 3 TON SPLIT HEAT PUMP SYSTEM

Mechanical Contractor's Company Name _____ Telephone _____

MANDOLIN HVAC AND CONSTRUCTION 8442702345

Address _____ Email Address _____

33458

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.**

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.


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

11/30/21
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

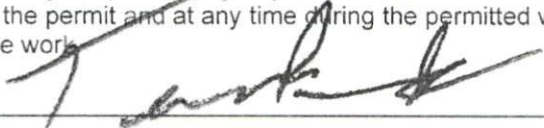
The undersigned applicant being the:

_____ 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: 

Date: 11/30/21