



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/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Mitch & Laurie Woodward Date: 04/12/22

Site Address: 335 Mabry Road Angier, NC 27501 Phone: 919-605-4448

Subdivision: _____ Lot: _____

Description of Proposed Work: 22' x 50' Custom pool, ret.wall, deck and equipment pad Total Job Cost: 223,810.00

General Contractor Information

Master Pools Service Inc

919-545-7665

Building Contractor's Company Name

Telephone

437 Lower Thrift Road New Hill, NC 27562

perla@gressinc.com

Address

Email Address

66456

HEATED SQ FT

GARAGE SQ FT

License #

Electrical Contractor Information

Description of Work Hook up of pool equipment; pump,filter,lights, atomation, etc Service Size: 60 Amps T-Pole: Yes No

Pool and Spa Electric, LLC

919-793-1538

Electrical Contractor's Company Name

Telephone

89 Savannah Ridge Court Angier, NC 27501

pandselectricnc@gmail.com

Address

Email Address

L.30707

License #

Mechanical/HVAC Contractor Information

Description of Work Hook up of gas heater.

Super "B" General/ Contracting Incorporated

919-868-5919

Mechanical Contractor's Company Name

Telephone

248 North Raleigh Farms Rd Youngsville, NC 27596

superbmechanical@yahoo.com

Address

Email Address

L.29981

License #

Plumbing Contractor Information

Description of Work N/A # Baths _____

Plumbing Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

License # _____

Insulation Contractor Information

N/A

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.

Pedro Hernandez

4/12/21

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

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: *Pedro Hernandez - office Manager* Date: *4/12/21*