



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: Tina Melomb Jackson Date: 1/30/03

Site Address: 242 Bryan Melomb Ln Dunn NC 28334 Phone: 910-263-2181

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of Proposed Work: new drywall, frame bath & kitchen, interior walls, new plumbing, new electric, new insulation, foundation Total Job Cost: \$25,000

**General Contractor Information**

Tina Melomb Jackson  
Building Contractor's Company Name  
228 Bryan Melomb Ln Dunn NC 28334  
Address  
Telephone: 910-263-2181  
Email Address: tmtripp74@embargmail.com

License # \_\_\_\_\_ HEATED SQ FT 900 GARAGE SQ FT \_\_\_\_\_

**Electrical Contractor Information**

Description of Work plumbing Service Size: 200 Amps T-Pole:  Yes  No  
Self - Tina Melomb Jackson  
Electrical Contractor's Company Name  
228 Bryan Melomb Ln Dunn NC 28334  
Address  
Telephone: 910-263-2181  
Email Address: tmtripp74@embargmail.com

**Mechanical/HVAC Contractor Information**

Description of Work new HVAC  
Self - Tina Melomb Jackson  
Mechanical Contractor's Company Name  
228 Bryan Melomb Ln Dunn NC 28334  
Address  
Telephone: 910-263-2181  
Email Address: tmtripp74@embargmail.com

**Plumbing Contractor Information**

Description of Work new plumbing # Baths 1  
Self - Tina Melomb Jackson  
Plumbing Contractor's Company Name  
228 Bryan Melomb Ln Dunn NC 28334  
Address  
Telephone: 910-263-2181  
Email Address: tmtripp74@embargmail.com

**Insulation Contractor Information**

new insulation - self - Tina Melomb Jackson  
Insulation Contractor's Company Name & Address  
Telephone: 910-263-2181

\*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.

*Jue McIner Jackson*  
Signature of Owner/Contractor/Officer(s) of Corporation

1/30/03  
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: *Jue McIner Owen* Date: 1/30/03