



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: KELLY ANDERSON Date _____
Site Address: 1026 COACHMAN WAY SANFORD NC Phone 843-209-9385
Subdivision: CAROLINA LAKES Lot _____
Description of Proposed Work: _____ Total Job Cost _____

General Contractor Information

Building Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____ HEATED SQ FT _____ GARAGE SQ FT _____

Electrical Contractor Information

Description of Work Disconnect / RECONNECT Service Size: _____ Amps T-Pole: Yes No
GET ELECTRIC 123 Telephone 910-605-9154
Electrical Contractor's Company Name _____
294 N. PRINCE HENRY WAY CAMERON, NC 28326 Email Address MICHELE@TIERI-HVAC.COM
Address _____
33177 License # _____

Mechanical/HVAC Contractor Information

Description of Work LIKE FOR LIKE HVAC SWAP EXCLUDING DUCTWORK
TIERI HEATING AND AIR LLC Telephone 910-556-1444
Mechanical Contractor's Company Name _____
3459 USHWY 1 BUSINESS VASS, NC 28394 Email Address MICHELE@TIERI-HVAC.COM
Address _____
35015 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.**

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Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Kelly Anderson Phone: 843.209.9385

Owner (s) Mailing Address: 1026 Coachman way
Sanford, Nc 27332

Land Owner Name (s): Kelly Anderson Phone: 843.209.9385

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done _____

like for like hvac swap excluding ductwork

Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other

Electrical*: 200 Amp <200 Amp Service Change Service Reconnect Other

* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap Number of Baths Water Heater

Specific Directions to Job from Lillington:

210 To Darroch Rd make left onto nursey rd to Kramer Rd make that Right onto Kramu
Go to Docs Rd and make Right on Docs Rd and go to micro tower Rd, make left on to
Micro tower Rd to Bufflo lake Rd than left into Carolina Lakes Rd -

Subdivision: _____ Lot #: _____

I Joseph Vrabcak will provide the Mechanical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 35015, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Tier 1 Heating and Air LLC
Contractor's Company Name

3459 us Hwy 1 Business Vass, Nc 28394
Address

35015
License #

910.556-1444
Telephone

michele@tier1-hvac.com
Email Address

Structure Owner / Contractor Signature: J. Vrabcak Date: Feb 15 2024

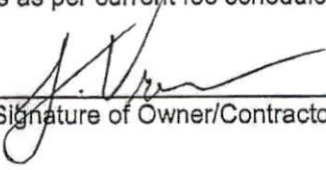
By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

*Company name, address, & phone must match information on license



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

FEB 14 2024
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: _____