



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: PAUL ASTARITA Date 07-10-2024
Site Address: 197 TILDEN HOWINGTON DRIVE Phone 914-032-7483
Subdivision: MAMIE BELL RIDGE Lot _____
Description of Proposed Work: TANKLESS WATER HEATER Total Job Cost \$ 5,587.50

General Contractor Information

Building Contractor's Company Name _____ Telephone 919-816-6852
Address _____ Email Address _____
License # _____ HEATED SQ FT _____ GARAGE SQ FT _____

Electrical Contractor Information

Description of Work INSTALLING OUTLET Service Size: _____ Amps T-Pole: Yes No
REDEMPTION ELECTRICAL Telephone 910-694-7074
Electrical Contractor's Company Name _____
199 WEST STRICKLAND RD. DUMM, NC 28334 Email Address redemptionelec23@gmail.com
Address 37190
License # _____

Mechanical/HVAC Contractor Information

Description of Work GASLINE FOR TANKLESS WATER HEATER
PLUMB LEVEL PLUMBING + CONST. LLC Telephone 919-816-6852
Mechanical Contractor's Company Name _____
3019 PLAINVIEW CHURCH RD., ANGLIER, NC 27501 Email Address wesley.dailey71@gmail.com
Address 27929
License # _____

Plumbing Contractor Information

Description of Work INSTALLING TANKLESS WATER HEATER # Baths _____
PLUMB LEVEL PLUMBING + CONSTRUCTION, LLC Telephone 919-816-6852
Plumbing Contractor's Company Name _____
3019 PLAINVIEW CHURCH RD. ANGLIER Email Address wesley.dailey71@gmail.com
Address 27929
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.

Wesley Daily

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

07-10-2024

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: *Wesley Daily*

PLUMBING CONTRACTOR

Date: 7-10-24