

Application #

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

## **Application for Residential Building and Trades Permit**

Owner's Name: Charles Jenkins		Date 07/16/2024	
Site Address: 465 Fieldstone Drive		(919)622-0505	
Description of Proposed Work: Add receptacles & mini-split	Total Job Cost	\$2,500.00	
General Contractor Information	-		
Building Contractor's Company Name	Telephone		
	Email Address		
License # HEATED SQ FT GARAGE SQ	FT		
Electrical Contractor Information			
Description of Work Add receptacles & mini-split Service Size: 20	OOAmps T-P	ole:Yes _x_No	
Benjamen Wesley	(919)886-0	)920	
Electrical Contractor's Company Name	Telephone	7020	
3705 Aztec Lane Franklinton, NC 27525	benjamenwesley@gmail.com		
Address	Email Address		
29919			
License #			
Mechanical/HVAC Contractor Informa	<u>ition</u>		
Description of Work Install mini split			
Hughey Mechanical Company	(919)815970	5	
	Telephone		
3305 Manor Ridge Drive Raleigh, NC 27603 Hugheymechanical@			
Address	Email Address		
L.10813			
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 <a href="by-signing-below-I have obtained all subcontractors">by-signing-below-I have obtained all subcontractors</a> permission to obtain these permits and if <a href="any-changes">any-changes</a> 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.

07/16/2024

Benjamen Wesley

Signature of Owner/Contractor/Offi	cer(s) of Corpora	ation 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) en	mployees and no	o subcontractors.		
Department issuing the permit may	require certifica	s sought it is understood that the Central Permitting ates of coverage of worker's compensation insurance prior e permitted work from any person, firm or corporation		
Sign w/Title:	n w/Title:Date:			