

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: Kathy Hijek		Date 09/17/2024		
Site Address: 248 Tutor Road Fuquay Varina, NC 27526	Phone	919 - 649-1882		
Subdivision: J H Taylor Farm	Lot 1			
Description of Proposed Work: 16'10" x 39' 10" Custom inground concrete pool and spa combo, NG Heater, natural stone pool deck, Concrete equipment pad, pool fence per code.	_ Total Job Cost	142,340.00		
General Contractor Information				
Master Pools by Gress Inc/ Perla Hernandez	5			
Building Contractor's Company Name				
437 Lower Thrift Road New Hill, NC 27562	perla@gressinc.com			
Address	Email Address			
88496 HEATED SQ FT GARAGE SQ	FT			
License #				
Electrical Contractor Information	<u>l</u>	Nolar Vac V Na		
Description of Work Pool equiment hook up Service Size: 6		Pole:Yes <u>V</u> No		
Ramos Electric Inc Electrical Contractor's Company Name	910-689-7739			
·	Telephone			
177 Washington Lane Cameron, NC 28326 Address	info@ramoselectricnc@gmail.com Email Address			
U.35014	Email Address			
License #				
Mechanical/HVAC Contractor Information	ation			
Description of Work Gas line trench and installation of pool gas				
Stephenson Heating and air conditioning, Inc	919-329-068	- 6		
Mechanical Contractor's Company Name	Telephone			
343 Shipwash Drive Garner, NC 27529	·			
Address	Email Address			
L.18644				
License #				
Plumbing Contractor Information	<u>1</u>			
Description of Work N/A	_# Baths_N/A			
N/A				
Plumbing Contractor's Company Name	Telephone			
N/A	N/A			
Address	Email Address			
N/A				
License #				
Insulation Contractor Information	_			
N/A	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.

	Affidavi	t for Worker	's Compensation	N.C.G.S. 87-14	
The un	dersigned applicant being		-		
	_ General Contractor _	Owner	Officer/Agen	t of the Contractor o	r Owner
set fort	eby confirm under penalt h in the permit:		, ,		•
	Has three (3) or more em	ployees and ha	as obtained workers' co	mpensation insurand	ce to cover them.
them.	Has one (1) or more subo				
coverin	Has one (1) or more subo	contractors(s) w	ho has their own policy	of workers' comper	sation insurance
	Has no more than two (2)	employees an	d no subcontractors.		
Departi to issua	working on the project for ment issuing the permit n ance of the permit and at g out the work.	nay require cert	ificates of coverage of v	worker's compensati	on insurance prior
Sign w	Title: Perla Herman	- W	Office manager	Date:	09/17/24