

RESIDENTIAL BUILDING APPLICATION

Site Address: 153 Topsail Dr. Angier, NC 27501 PIN: _____
Owner: John & Maureen Haynes Phone: 919-302-6250 Email: jc-haynes@yahoo.com
Description of Proposed Work: rooms permitted - work done prior to buying Total Job Cost: ?

GENERAL CONTRACTOR INFORMATION

Owner

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

John & Maureen Haynes
General Contractor's Company Name
153 Topsail Drive Angier, NC 27501
Address
NA
License #

919-302-6250
Phone
jc-haynes@yahoo.com
Email

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Owner John & Maureen Haynes Service Size: _____ Amps T-Pole: YES ☐ NO ☐
outlets, light switches
Electrical Contractor's Company Name _____ Phone _____
Address _____ Email _____
License # _____

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Owner John & Maureen Haynes
"One Floor register - HVAC"
Mechanical Contractor's Company Name _____ Phone _____
Address _____ Email _____
License # _____

PLUMBING CONTRACTOR INFORMATION

Description of Work: _____ # of Fixtures: _____
Plumbing Contractor's Company Name _____ Phone _____
Address _____ Email _____
License # _____

INSULATION CONTRACTOR INFORMATION

Owner John & Maureen Haynes
Insulation Contractor's Company Name _____ Phone _____
insulated mudroom

APPLICATION CONTINUES ON BACK



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.


Signature of Owner/Contractor/Officer of Corporation

5/6/25
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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- ☐ Has 3 or more employees and has obtained workers' compensation insurance to cover them,
☐ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,
☐ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,
☒ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.


Signature of Owner/Contractor/Officer of Corporation

5/6/25
Date