

RESIDENTIAL BUILDING APPLICATION

Site Address: 643 wheeler dr angier 27501 PIN: _____

Owner: Sarah Hale Phone: 9193329162 Email: Harnettplace643@gmail.com

Description of Proposed Work: Renovate kitchen and both master baths, remove load bearing wall Total Job Cost: \$275,000
In between kitchen and living room, add dog wash area to garage, run
Gas line to range, installing new cans and sconces in kitchen, add in
Bath showers will be tile with new fixtures

GENERAL CONTRACTOR INFORMATION

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

Branch Home Improvement Phone: 9197951801
General Contractor's Company Name
992 hortons pond rd apex nc 27523 Email: Daniel@branchhomeimprovement.com
Address
78481
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: New lights in renovated area, may be relocating electrical from w Service Size: 200 Amps T-Pole: YES NO
Removal
Pleasants Electric Phone: 9196180256
Electrical Contractor's Company Name
819 brookside dr raleigh 27604 Email: Bpleasants@pleasantselectric.com
Address
30273
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Run new gas line for range
Triangle repair group Phone: 9197039393
Mechanical Contractor's Company Name
704 three sisters rd knightdale 27545 Email: Trianglererepairgroup@gmail.com
Address
33330
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: Plumbing for dog wash, freestanding tub, new tile showers, pot filler # of Fixtures: 7
Rushin plumbing Phone: 919 410 5967
Plumbing Contractor's Company Name
7581 nc 210 smithfield nc 27577 Email: Rushinplumbing@gmail.com
Address
33242
License #

INSULATION CONTRACTOR INFORMATION

May not be needed Bros insulation Phone: 9193582043
Insulation Contractor's Company Name

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

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

Date