



ERES1812-0007
MRES1812-0007
PRES1812-0003

Application #

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Michael P + Lynda Dawn Gallagher Date: 12-6-18
Site Address: 594 Keith Hills Rd. Lillington, NC. 27546 Phone: 910-303-9928
Subdivision: Keith Hills Lot: _____
Description of Proposed Work: Electrical add ons, changing tub, gas fireplace, gas piping

General Contractor Information

Marshall Johnson Const. Inc. 919-427-7111
Building Contractor's Company Name Telephone
283 Banner Elk Rd. Benson NC 27501 mjconstruction@msn.com
Address Email Address
55274
License #

Electrical Contractor Information

Description of Work Add recess, Add ceiling fans Service Size: 200 Amps T-Pole: Yes No
RA Jackson Electric, Inc. 919-894-5367
Electrical Contractor's Company Name Telephone
9261 Raleigh Rd. Benson, NC 27504 rajacksonelectric@earthlink.net
Address Email Address
21144
License #

Mechanical/HVAC Contractor Information

Description of Work Add ventless insert, gas line,
Beasley's Heating + Air Inc. 919-894-4248
Mechanical Contractor's Company Name Telephone
57 WC Beasley Ln. Coats, NC 27521 beasleyshvac@aol.com
Address Email Address
9497
License #

Plumbing Contractor Information

Description of Work Change tub out for shower # Baths 1
Jeremy Date Williford 919-915-0533
Plumbing Contractor's Company Name Telephone
3084 Bailey's Crossroads Rd. Benson, NC 27504 _____
Address Email Address
30747
License #

Insulation Contractor Information

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.

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

12-6-18
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: *Marshall John, President* Date: 12-6-18