

Application # BYES ZCOH-CO2 7

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

Application for Residential Building and Trades Permit

Owner's Name: Alexander and Sunnie Dunn	Date: 05.09.2020
Site Address: 1870 McCormick Road	Phone: 406.551.3729
Subdivision: N/A	Lot: N/A
Description of Proposed Work: Bathroom Addition	Total Job Cost: \$25,000
General Contractor Informa	tion
Alexander and Sunnie Dunn	406.551.3729
Building Contractor's Company Name	Telephone
1870 McCormick Road, Sanford 27332	xanderbd@gmail.com
Address	Email Address
N/A License #	
Electrical Contractor Informa	ation
Description of Work Wiring for two bathrooms Service Size	ze: 40 Amps T-Pole: Yes X No
Alexander and Sunnie Dunn	406.551.3729
Electrical Contractor's Company Name	Telephone
1870 McCormick Road, Sanford 27332	xanderbd@gmail.com
Address N/A	Email Address
License #	
Mechanical/HVAC Contractor Inf	ormation
Description of Work Expansion of existing system to accomoda	ite addition.
Alexander and Sunnie Dunn	406.551.3729
Mechanical Contractor's Company Name	Telephone
1870 McCormick Road, Sanford 27332	xanderbd@gmail.com
Address	Email Address
N/A License #	
Plumbing Contractor Inform	ation_
Description of Work Expansion of existing system.	# Baths_2
Alexander and Sunnie Dunn	406.551.3729
Plumbing Contractor's Company Name	Telephone
1870 McCormick Road, Sanford 27332	xanderbd@gmail.com
Address	Email Address
N/A License #	
Insulation Contractor Inform	ation
Alexander and Sunnie Dunn	406.551.3729
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 bysigning-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.

05.09.2020

Date

Alexander B Dunn
Signature of Owner/Contractor/Officer(s) of Corporation

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
General Contractor X 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.	
X 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: Alexander 8 Dunn Date: 05.09.2020	