



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: John Haite Date: 10-28-2020
Site Address: 40 Pinecrest way Angier Phone: 919-868-9596
Subdivision: Neils creek Lot: _____
Description of Proposed Work: Add Bathroom Total Job Cost: 6000

General Contractor Information

John Haite
Building Contractor's Company Name 919-868-9596
Address 40 Pinecrest way Angier 27501 Telephone
JohnatNCDumpster.com Email Address
License # _____

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes ___ No
HARTE ELECTRIC
Electrical Contractor's Company Name 919-639-6851
Address 17836 Highway 55 South willow Spring 27592 Telephone
SalesatHaiteelectric.com Email Address
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work Add Bathroom # Baths _____
CDK Plumbing
Plumbing Contractor's Company Name _____ Telephone 919-451-6999
Address Po Box 769 Apex 27502 Email Address
32163 CDK Plumbing@gmail.com
License # _____

Insulation Contractor Information

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.

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

10-29-2020
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: John Horte OWNER Date: 10-29-2020