

Application # \_\_\_\_\_

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

## Application for Residential Building and Trades Permit

| Owner's Name: Woods Investment Enterprise, L   | Date 12 July 202          |
|--|---------------------------|
| Site Address: 774 NC HWY 82 DINN, NC   | 18334 Phone 9109649577    |
| Out this ALIA  | Lot                       |
| Description of Proposed Work: Two Add twos, new trusses, ADD 2 bathrooms, upgrade 200 Amp<br>General Contractor Informatio | - 111 - 0 U3 X            |
| JWJ General Contracting  |                           |
| Building Contractor's Company Name   | 910-303-0935<br>Telephone |
| 4618 Salem Prince Dr. Hope Mills, NC 28348   | jjohnson0902@nc.rr.com    |
| Address  | Email Address             |
|  | A                         |
| Electrical Contractor Information  | o <u>n</u>                |
| Description of Work 200 Amp upgrade Service Size:  |                           |
| RST Electric   | 919-291-876le             |
| Electrical Contractor's Company Name   | Telephone                 |
| 3432 Zecks Milli2d Angier, NX 27501<br>Address   | Solomon rstegma. I. con   |
| 26202-1  | Email Address             |
| License #  |                           |
| Mechanical/HVAC Contractor Inform  | nation                    |
| Description of Work 2 TON Heat Pump  | 1301                      |
| Randy Lee Jackson  | 910 242 2941              |
| Mechanical Contractor's Company Namo   | Telephone                 |
| 100 N 13th ST Site 15W gruin, ne   | 11 111727 egmail.com      |
| Address  | Email Address             |
| 18512 H-3-1  |                           |
| License #  |                           |
| Plumbing Contractor Information  | n e                       |
| Description of Work ADD Two bathrooms -remodel I   | _# Baths                  |
| Cody Brocato   | 9106246693                |
| Plumbing Contractor's Company Name   | Telephone                 |
| Address 28348  | Cbrocato93@gma.l.com      |
| Address 28348  | Email Address             |
| License #  |                           |
| Insulation Contractor Informatio   | n a. 1126 2 = =           |
| AI Insulation 2009 Yarborogh RD Sirals,  | 910 429 2990              |
| Insulation Contractor's Company Name & Address NC28384   | 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 <a href="by-signing-below-I have obtained all subcontractors-bermission to obtain these permits">by-signing-below-I have obtained all subcontractors</a>
permission to obtain these permits and if <a href="any">any</a> 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.

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

July 12, 2021

| 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: Owner Date: July 12, 2021   |  |