



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/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: NVT Homes LLC Date: 6/17/2021
Site Address: 54 Commodore Ct Cameron NC Phone: 910-292-9454
Subdivision: Lexington Plantation Lot: 447
Description of Proposed Work: Roof Repair Fire Damage in Attic Total Job Cost: 20,000.00

General Contractor Information

NVT Homes LLC Telephone: 910-292-9454
Building Contractor's Company Name
100 Tom Byrd Lane Dunn NC 28334 Email Address: everett@nvt-homes.com
Address

HEATED SQ FT 2952 GARAGE SQ FT 400

License # _____

Electrical Contractor Information

Description of Work Replace Electrical in Attic Service Size: 400 Amps T-Pole: Yes No
James Gang Electrical Maintenance Telephone: 910-751-3123
Electrical Contractor's Company Name
5452 Sidbury HWY Rd Castle Hayne NC Email Address: _____
Address 28429

22841-L

License # _____

Mechanical/HVAC Contractor Information

Description of Work Replace HVAC
E & S Heating and Cooling Telephone: 910-489-0385
Mechanical Contractor's Company Name
2297 Byrds Mill Rd Erwin NC 28339 Email Address: _____
Address

32998 H3 Class I

License # _____

Plumbing Contractor Information

Description of Work replace plumbing w/vents + faucets # Baths 2.5
Nancy Plumbing toilets Telephone: 919-520-5154
Plumbing Contractor's Company Name
281 Swales Rd Benson, NC 27504 Email Address: _____
Address

15884

License # _____

Insulation Contractor Information

Tci City Insulation & Building Products Telephone: 910-729-9277
Insulation Contractor's Company Name & Address
Jeff Rudine FR

***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.

CE 11

6-17-2021

Signature of Owner/Contractor/Officer(s) 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

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: *CE 11* Owner

Date: *6-17-2021*