

\* Must be owner/occupier or figuresic contractor. Address, company name & phone must match information on license. Application #

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27548
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

## Application for Residential Building and Trades Permit

Owner's Name:David Carl Bussard		Date 09/22	2/21
Site Address:115 Meadowspring Lane	Phone	(910) 583 -	
Subdivision: Carolina Lakes	Lot		
Description of Proposed Work: Addition in attic, bedroom and bath insta	nstall Total Job Cost \$76,900		
Occ General Contractor Information	1		
Building Contractor's Company Name	Telephone		
dress Email Address			
License # GARAGE SC	QFT		
Electrical Contractor Informatio			
Description of Work Wiring bathroom, subpanel, lights & outlets Service Size:  Action Electric & HVAC Repair LLC	Amps T-Po (910) 476 - 6586	ole:Yes _	No
Electrical Contractor's Company Name PO Box 1497, Fayetteville NC 28302	Telephone actionone88@gmail.com		
Address 19277-L	Email Address		
License #			
Mechanical/HVAC Contractor Inform  Heating & cooling for bedroom/bathroom addition	ation		
Description of work	(010) 670 0057		
TIANITECH HVAC & APPLIANCES	(910) 670 - 0057		
Mechanical Contractor's Company Name 5623 Dodge Dr, Fayetteville NC 28303	Telephone tianitech01@gmail.com		
Address L.35071	Email Address		
License #			
Plumbing Contractor Information	1		
Description of Work Plumbing for one bathroom	_# Baths1	100	
H.R Curtis Plumbing Contractor, INC	(919) 770 - 0168		
Plumbing Contractor's Company Name 6314 Carbonton Rd. Sanford NC 27330	Telephone hrcurtis@rtti.net		
Address L.10924	Email Address		
License #			
Insulation Contractor Information	<u>1</u>		
Insulating Inc 1827 Jefferson Davis HWY, Sanford NC 27330	(919) 776 - 4138	3	
nsulation 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.

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

11 OCT 2/ Date

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.
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: Date: // DCT 2 /