

Application #

Harnett County Central Permitting

420 McKinney Pkwy Lillington, NC 27546
PO Box 85 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: Martha Shellman mshellman28@gmail.com

Date 1-10-2022

Site Address: 490 Bluff Ridge Ln

Phone 919-625-5693

Subdivision: _____ Lot _____

Description of Proposed Work: Bathroom remodel--Move shower, change tub, Change small non-laid walls as needed
Total Job Cost \$18,500

General Contractor Information

All American Carpentry, Inc

Building Contractor's Company Name _____ Telephone _____
Karl Jason Steinbrecher 919-730-1691
425 Betts Rd, Fuquay Varina 27526 sserv@bellsouth.net
Address _____ Email Address _____

License # _____ HEATED SQ FT _____ GARAGE SQ FT _____

Electrical Contractor Information

Description of Work Add or change 2-4 lights Service Size: _____
Amps T-Pole: Yes No
Wendell Electric, Inc.

Electrical Contractor's Company Name _____ Telephone _____
218 E Third St, Wendell 919-280-7777
wendellelectricinc@gmail.com _____
Address _____ Email Address _____

License # 13227-L

Mechanical/HVAC Contractor Information

Description of Work Vent one additional Bathroom vent fan

Don Stevens AC/Heat & Electrical
919-669-3627

Mechanical Contractor's Company Name Telephone

2905 Sidney Rd. Raleigh, NC 27603

dstevensr@att.net

Address

Email Address

12050

License #

Plumbing Contractor Information

Description of Work Move a shower, change a tub

Baths 1

Almighty Plumbing

919-725-3349

Plumbing Contractor's Company Name Telephone

3811 Lupton Circle, Raleigh 27606

almightyplumbing22@gmail.com

Address

Email Address

32614

License #

Insulation Contractor Information

none

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.

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

1-12-2022
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: Juan Stambler, President Date: 1-12-2022