



Application # _____

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

* 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: Ann Rieckle Date 2-16-2023
Site Address: 84 Florentine Ct Phone _____
Subdivision: Quail Glen Lot 177
Description of Proposed Work: FINISH BASEMENT Total Job Cost \$35,000.00

General Contractor Information

All Home Renovation Telephone 919 296 2589
Building Contractor's Company Name
716 Tampa Dr Fuquay Varina Email Address mike@allhomerenovation.com
Address
57914 HEATED SQ FT 1700 GARAGE SQ FT
License #

Electrical Contractor Information

Description of Work Electric To NC Code Service Size: _____ Amps T-Pole: ___ Yes No
JW Electric Existing
Electrical Contractor's Company Name Telephone _____
7620 Reams Ct Apex NC 27523 Email Address _____
Address
23367 L
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC EXISTING / INSTALLED BY BUILDER
Mechanical Contractor's Company Name Telephone _____
Address Email Address _____
License #

Plumbing Contractor Information

Description of Work INSTALL FIXTURES # Baths 1
Sweet Water Plumbing
Plumbing Contractor's Company Name Telephone _____
4316 Irelandway Cary NC 27518 Email Address _____
Address
23793
License #

Insulation Contractor Information

EXISTING / INSTALLED BY BUILDER
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.

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

2-16-2023
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: Michael Krasinski Date: 2-16-2023