



Harnett COUNTY
NORTH CAROLINA

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: JAMES BOLAN Baker & wife Teresa Date: 1-25-2024

Site Address: 1695 Crawford Road Coats NC Phone: 919-222-8345

Subdivision: _____ Lot: _____

Description of Proposed Work: Add CARPORT, Washroom, Closet update Total Job Cost: \$50,000

General Contractor Information

DANNY HOPE
Building Contractor's Company Name

919-750-1448
Telephone

302 Shamrock Rd
Address

dannyhope55@gmail.com
Email Address

62137
License #

HEATED SQ FT 1,000 GARAGE SQ FT _____

Electrical Contractor Information

Description of Work Add Receptacle & Light's Service Size 200 Amps T-Pole: Yes No

MABRY'S ELECTRICAL SERVICE
Electrical Contractor's Company Name

919-639-4837
Telephone

731 Mabry Road
Address

CONTACT @ MABRYELECTRICAL.CO
Email Address

15077 U
License #

Mechanical/HVAC Contractor Information

Description of Work New Unit
J+M Heating + Air
Mechanical Contractor's Company Name

910-897-5501
Telephone

724 Turbington Road
Address

J+M HVAC @ Centurylink .net
Email Address

17164
License #

Plumbing Contractor Information

Description of Work Plumb New Wash Room
First CLASS PLUMBING (ZAK)
Plumbing Contractor's Company Name

Baths 2

108 Woodrose Ave
Address

772-607-3553
Telephone

33348
License #

?
Email Address

Insulation Contractor Information

TRI City / WALT
Insulation Contractor's Company Name & Address

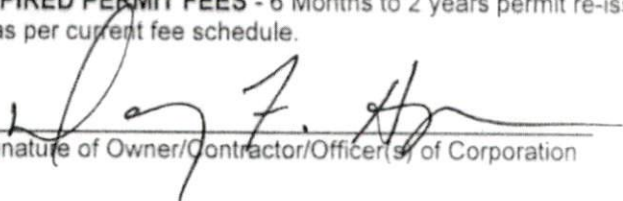
252-243-4999
Telephone

*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/Contractor/Officer(s) of Corporation

1-25-2024
 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:

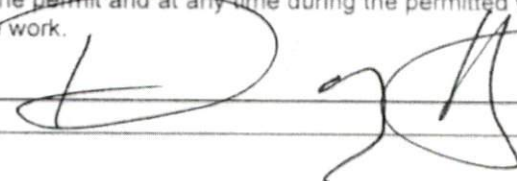
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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:  Date: 1-25-2024