

RESIDENTIAL BUILDING APPLICATION

Site Address: 347 Shue Rd Broadway NC **PIN:** _____

Owner: Austin Roberts **Phone:** 919-352-2643 **Email:** Anna.m.roberts22@gmail.com

Description of Proposed Work: 1 bedroom 1 bathroom addition **Total Job Cost:** TBD

GENERAL CONTRACTOR INFORMATION

*** Must be owner or licensed contractor. Address, company name & phone must match information on license.**

<u>Austin Roberts (owner)</u>	<u>919-352-2643</u>
<u>General Contractor's Company Name</u>	<u>Phone</u>
<u>347 Shue Rd Broadway NC</u>	<u>Anna.m.roberts22@gmail.com</u>
<u>Address</u>	<u>Email</u>
<u>N/A</u>	
<u>License #</u>	

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Adding power to addition from current supply Service Size: 200 Amps T-Pole: YES NO

<u>CJS Electrical Company</u>	<u>919-353-2466</u>
<u>Electrical Contractor's Company Name</u>	<u>Phone</u>
<u>1011 S 3rd St Sanford NC</u>	<u>Cjselectric@spectrum.net</u>
<u>Address</u>	<u>Email</u>
<u>23795-L</u>	
<u>License #</u>	

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Connecting existing heat/air to addition

<u>Collins Heating and Air Conditioning</u>	<u>919-498-4830</u>
<u>Mechanical Contractor's Company Name</u>	<u>Phone</u>
<u>9490 Old US HWY 421 Broadway NC</u>	<u>N/A</u>
<u>Address</u>	<u>Email</u>
<u>8276</u>	
<u>License #</u>	

PLUMBING CONTRACTOR INFORMATION

Description of Work: Hooking addition wastewater to new septic, tying water to existing # of Fixtures: 5

<u>Cox Brothers Plumbing</u>	<u>919-258-3622</u>
<u>Plumbing Contractor's Company Name</u>	<u>Phone</u>
<u>8301 Hillcrest Farm Rd Sanford NC</u>	<u>N/A</u>
<u>Address</u>	<u>Email</u>
<u>08644</u>	
<u>License #</u>	

INSULATION CONTRACTOR INFORMATION

<u>Insulating NC</u>	<u>919-776-4138</u>
<u>Insulation Contractor's Company Name</u>	<u>Phone</u>



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

5/21/2025

Signature of Owner/Contractor/Officer 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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

Has 3 or more employees and has obtained workers' compensation insurance to cover them,

Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

5/21/2025

Signature of Owner/Contractor/Officer of Corporation

Date