

09/09/11

Application #

14-50034953

Harnett County Central Permitting  
PO Box 65 Lillington NC 27546  
910 893 7525 Fax 910 893 2783 www.harnett.org/permits

Each section below to be filled out  
by whomever performing work  
Must be owner or licensed  
contractor Address company  
name & phone must match

**Application for Residential Building and Trades Permit**

Owner's Name Joe Eddie White Date 11-14-14  
Site Address 1628 Oakridge Dunson Rd Phone \_\_\_\_\_  
Directions to job site from Lillington Take 401 North to Christian Light Rd turn left  
Go to Oakridge ~~Dunson Rd~~ turn left Property on Right

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work Building Bathroom # of Bedrooms \_\_\_\_\_  
Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work outlets & Lighting Service Size \_\_\_\_\_ Amps T-Pole \_\_\_\_\_ Yes  No   
Electrical & Maintenance Resource Telephone 719 240 2195  
Electrical Contractor's Company Name \_\_\_\_\_  
1105 Walter Bright Rd Sanford ME 02730 Email Address CStrick45@Gmail.com  
Address 15778  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work Plumbing Toilet & Sink # Baths \_\_\_\_\_  
Plumbing Repair by Dan Cain Telephone 552-6011  
Plumbing Contractor's Company Name \_\_\_\_\_  
288 Baker Town Rd Email Address \_\_\_\_\_  
Address 15986  
License # \_\_\_\_\_

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address Owner Telephone 919-427-7104

\*NOTE General Contractor must fill out and sign the second page of this application

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

11. 12. 13. 14. 15.

16. 17. 18. 19. 20.

21. 22. 23. 24. 25.

26. 27. 28. 29. 30.

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

11-17-14  
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

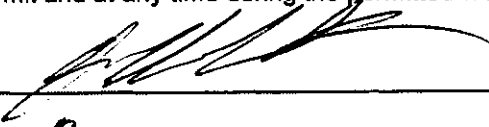
Has three (3) or more employees and has obtained workers compensation insurance to cover them

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

Company or Name 

Sign w/Title Owner

Date 11-17-14

