Application #

Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits SFD1869-0062

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

Owners Name JACK Barber	Date <u>3 - 13 - 2</u> 020
Site Address 385 Coffen Rd - Fuguay	Phone 9/9 - 889 - 1571
Directions to job site from Lillington 401 Toward Fugur	Az T.L. on Christian
Like Rd then lest on Cotton Rd	
8	,
Subdivision	Lot N/A
Description of Proposed Work New Home	# of Bedrooms3
Heated SF 1511 Unheated SF 476 Finished Bonus Room?	Crawl Space Slab
FREEDOM Constenctors Inc	910-892-1231
Building Contractor's Company Name	Telephone
Po Box 608 Dunn, NC 28335	Steve Jan 6 an 58@ Outlook. Com
Address	Email Address
1/590	
License #	
Description of Work Wile New House Service Size	200 Amps T-Pole VYesNo
Jason H Pope Electrical Contractors	919-820-0837
Electrical Contractor's Company Name	Telephone
81 Beaver (reek Dr. Dunn NC 28334	imperentical Chotual. COM
Address	Email Address
27284-u	
License #	mation
Mechanical/HVAC Contractor Inform	mation
Description of Work HUAC New House	014 467 CCX I
JAM Heating + Air Inc	910-897-5501 Telephone
Mechanical Contractor & Company Name	
724 Turlington Pd, Dunn, NC 28334	jandmhvac@conturylink.net Email Address
Address	Ellian Addioso
17164	
License # 1 Plumbing Contractor Information	<u>on</u>
Description of Work Plumb new honse	# Baths
Gilbert Plumbing Co	910.567-636
Plumbing Contractor's Company Name	Telephone
1638 Tinothy Rd, Dunn, NC 28334	Telephone apcile introtar. net
Address	Email Address
10929	
License #	on.
Insulation Contractor Informati	NC 919-772-9000
Insulating Inc 5902 Fagethville Pd Pakige	Telephone
Insulation Contractor's Company Name & Address	Totophono

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 3-13-2020 Date Signature of Owner/Contractor/Officer(s) of Corporation 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 K 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 Reedim Posstantares Company or Name/

Sign w/Title

Date 3-13-2020