



Received 01109119

Application # SFD1810-0035

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 or licensed contractor. Address, company name & phone must match information on license!

Application for Residential Building and Trades Permit

Owner's Name: Frank & Debbie Dalesio Date: 1/9/19
Site Address: 50 Mabry Rd Phone: 703-403-2344
Subdivision: Chesterfield Lot: 3
Description of Proposed Work: Residential Home

General Contractor Information

J.M. Davis Custom Homes Inc 919 422-9800
Building Contractor's Company Name Telephone
135 Josees Ridge Trail JmDavisHomes@gmail
Address Email Address
35433
License #

Electrical Contractor Information

Description of Work Residential Service Size: _____ Amps T-Pole: Yes No
Top Notch Electric 919-369-1997
Electrical Contractor's Company Name Telephone
8409 Neuse Timbers Ct. Ral NC topnotchelectric@gmail.com
Address Email Address
260-71
License #

Mechanical/HVAC Contractor Information

Description of Work Residential
Quality Air Service 919-427-8934
Mechanical Contractor's Company Name Telephone
5208 Spring Farm Rd Ral NC Qasinc5208@gmail.com
Address Email Address
1336 7
License #

Plumbing Contractor Information

Description of Work Residential # Baths 3
Tommy Allen Plumbing 919-649-5117
Plumbing Contractor's Company Name Telephone
8728 Clear Pool Lane Willow Springs Tommy-allen-plumbing.nc@gmail.com
Address Email Address
33728
License #

Insulation Contractor Information


Insulation Inc 919-669-5946
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.



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

1/9/19

 Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

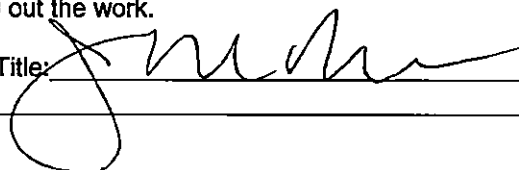
The undersigned applicant being the:

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: 1/9/19