

Application # SF01811 - OOII

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

Application for Residential Building and Trades Permit

Owner's Name: Carolyn Strickland	Date: 02/26/2019
Site Address: 75 Hodges Chapel Road, Benson, NC 27504	Phone: 919-616-4079
Subdivision: n/a	Lot: n/a
Description of Proposed Work: New SFD	
General Contractor Inform	<u>ation</u>
Wood Construction Company, Inc.	919-868-3262
Building Contractor's Company Name	Telephone
PO Box 58, Benson, NC 27504	danny.wood@wcc.builders
Address	Email Address
40122	
License #	
Electrical Contractor Inform	<u>nation</u> Size: <u>200 </u> Amps T-Pole: ⊠ Yes <u> </u> No
	919-625-0180
Amped Electric	Telephone
Electrical Contractor's Company Name	ampedelectricnc@yahoo.com
510 Denning Road, Benson, NC 27504	Email Address
Address 30129-I	Email Address
License #	
Mechanical/HVAC Contractor In	nformation
Description of Work New Home	
My HVAC Guys	919-868-5821
Mechanical Contractor's Company Name	Telephone
646 Wood Valley Drive, Four Oaks, NC 27524	myhvacguysnc@yahoo.com
Address	Email Address
34239	
License #	¥
Plumbing Contractor Inform	<u>nation</u>
Description of Work New Home	# Baths
C & C Select Plumbing	919-625-0163
Plumbing Contractor's Company Name	Telephone
431 Watkins Rd, Clayton, NC 27520	carlbjorling@gmail.com
Address	Email Address
25464	
License #	
Insulation Contractor Inform	
Live Green Inc., 5001 Old Poole Road, Raleigh, NC 27610	(919) 453-6411
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.

02/26/2019

Signature of Owner/Contractor/Onicer(s) of Corporation Date	
A(f) '((W	
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:	