

Application # SFD 1811-0025

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

on on license.	1/2 / 2
Owner's Name: Lee & KAREN Kelly	Date: 4/03/2019
Site Address: PONDEROSA ROAD,	Phone: 910-850-4181
Subdivision: Deed Book - 3653- Page 0579	Lot:
Description of Proposed Work: NEW SFD	
General Contractor Information	
Freedom Constructors INC OF DUNN Building Contractor's Company Name	910-892- 1231 Ext 1 Telephone
2004 W. Cumberland St. DUNN NC 28334 Address	Steve jernight & outlook Com Email Address
1/590 License #	
Electrical Contractor Informat	ion
Description of Work NEW SFS Service Size	e:Amps I-Pole:YesNo
Electrical Contractor's Company Name	7/9-820-0837 Telephone
81 BOAVEL CREEK DRIVE, DUNN, NC 78334 Address	InPelectrical & hotmail. com Email Address
27284-4	
License #	
Mechanical/HVAC Contractor Info	<u>rmation</u>
Description of Work NEW SFD	
Mechanical Contractor's Company Name	9/0-897 - 55bl Telephone
724 Tunlington Ret, DUNNNC 28334	I And Mh V AC C CONTURY / INK . NET
17164 License #	2
Plumbing Contractor Informat	ion
Description of Work NEW SED	#Baths 2
Gilbert Plumbing Co. TNC	910-567-6361
C: I bert Plumbing Co. INC Plumbing Contractor's Company Name	Telephone
1638 Timothy Road, DUNN, NC 28334	10-567-6361 Telephone 9pci o intestan net Email Address
109 29 License #	
	i.a.u.
Insulation Contractor Information	
Insulation INC S902 Fayether le Rd RAleigh 276 Insulation Contractor's Company Name & Address	603 419-772-7000
Insulation Contractor's Company Name & Address	relepnone

*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 bysigning 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

1/24/2019 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	
Sign w/Title: Date: 1/24/2019	