



Application # SFD1903-0023

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: Kathrine & Daniel Barsley Date: 3-18-19  
Site Address: 0 Bollins Mill Rd Holly Springs Phone: \_\_\_\_\_  
Subdivision: Parcel Lot: \_\_\_\_\_  
Description of Proposed Work: New home Build

**General Contractor Information**

Quality One Contracting 919-909-3495  
Building Contractor's Company Name Telephone  
PO Box 1444 Cary NC 27512 Qualityonecontracting@gmail.com  
Address Email Address  
75308  
License #

**Electrical Contractor Information**

Description of Work Rough in finish electrical Service Size 100 Amps T-Pole:  Yes  No  
Tool Time Services 919-422-6606  
Electrical Contractor's Company Name Telephone  
PO Box 2207 Garner NC 27529 Burkwin@gmail.com  
Address Email Address  
27554-1  
License #

**Mechanical/HVAC Contractor Information**

Description of Work Rough in finish mechanical / Gas lines  
Casey Services HVAC 919-556-3338  
Mechanical Contractor's Company Name Telephone  
4900 Purnell Rd Wake Forest NC \_\_\_\_\_  
Address Email Address  
10540 (H-3) 27087  
License #

**Plumbing Contractor Information**

Description of Work Rough in finish Plumbing # Baths 4 1/2  
TTI Plumbing Inc. 919-383-3779  
Plumbing Contractor's Company Name Telephone  
PO Box 337 Jim@TTIPlumbinginc.com  
Address Email Address  
148123  
License #

**Insulation Contractor Information**

Insulating Inc. 5902 Fayetteville Rd Raleigh 919-772-9000  
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

3-18-19  
\_\_\_\_\_  
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:  OWNER \_\_\_\_\_ Date: 3-18-19