

Application # <u>SF151903</u>-0027

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match 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**

information on license.			
	Owner's Name:	James + Connie Johnson	Date: 2/21/19
	Site Address: 290	Wynnidge Dr. Angier	Phone:
	Subdivision: Wyn	Wynnidge Dr. Angier nridge	Lot: 24
	Description of Propose		
General Contractor Information			1
	Homes by M		919-553-1055
	Building Contractor's C	ompany Name	Telephone
	PO BOX 9	Clayton, NC 27528	info@homesbyford.com Email Address
	Address		Email Address
	73459	_	
	License #		
	Description of Work Service Size: 200 Amps T-Pole: Yes \( \Delta \) No		
	R.A. Jackson		919 - 894 - 5367
	Electrical Contractor's	Company Name	Telephone
			Гоюрноне
	Address	in Rd. Benson, NC 27504	Email Address
	21144		
	License #	_	
Mechanical/HVAC Contractor Information			
	Description of Work		
	Stephenson t	s Company Name	919-329-0686
	Mechanical Contractor	s Company Name	Telephone
	343 Shipwa	ish Dive Garner, NC 27529	
	Address		Email Address
	18644	_	
	License #		
	Plumbing Contractor Information		
	Description of Work	(: 110	_# Baths
	White's Plumbing Contractor's	imbing, LC	919-435-0736 Telephone Whitesplumbing 16@gmail. Com Email Address
			relephone
	Address	6 Youngsille, NC 27596	White plumbing 16@ gmail. Wh
	16941		Email Address
	License #	_	
	LICEIISE #	Insulation Contractor Information	o <u>n</u>
0.	Tatum Insulation 519 old Drug Star Rd. 919-661-0999 Insulation Contractor's Company Name & Address Grave, NC 275 Felephone		

\*NOTE: General Contractor / owner must fill out and sign the second page of this application.

strong roots · new growth



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 subconfactors 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 to schedule.

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 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 fig ne during the permitted work from any person, firm or corporation carrying out the work Sign w/Title: