



Application # SFD 1905-0010

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: _____ Date: _____
Site Address: 383 Wynnridge Dr. Angier, NC 27501 Phone: _____
Subdivision: Wynnridge Lot: 31
Description of Proposed Work: New SFD

General Contractor Information

Homes by Michael Ford, LLC 919-553-1055
Building Contractor's Company Name Telephone
PO Box 9 Clayton, NC 27528 info@homesbyford.com
Address Email Address
73459
License #

Electrical Contractor Information

Description of Work Electrical Service Size: _____ Amps T-Pole: Yes No
R. A. Jackson Electric, Inc. 919-894-5367
Electrical Contractor's Company Name Telephone
9261 Raleigh Rd. Benson, NC 27504 rajacksonelectric@embargo.mail.com
Address Email Address
21144
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC
Stephenson Heating & Air, Inc. 919-329-0686
Mechanical Contractor's Company Name Telephone
343 Shipwash Drive Garner, NC 27529 stephensonhvac@aol.com
Address Email Address
18644
License #

Plumbing Contractor Information

Description of Work Plumbing # Baths 2
White's Plumbing, LLC 919-435-0736
Plumbing Contractor's Company Name Telephone
PO Box 1286 Youngsille, NC 27596 whitesplumbing16@gmail.com
Address Email Address
16941
License #

Insulation Contractor Information

Tatum Insulation 519 Old Drug Store Rd. Garner, NC 919-661-0999
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

6/25/19

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:

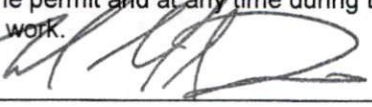
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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: 6/25/19