

Application # SFD 1905-0054

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: Vames Frederick Hardee	Date:
Site Address: 264 B:11 Avery Rd. Coats NC 22521	
Subdivision: Not in a subdivision	Lot: _3
Description of Proposed Work: Single Family Dwelling	
General Contractor Information	tion
Southern Built LLC	(919) 291-6240
Building Contractor's Company Name	Telephone
POBOX 1112 Clinton NC 28329	wendy e stancibuilders.com
Address	Email Address
77897	
License #	Al
Description of Work SFD Electrical Contractor Informa Service Siz	te: 200 Amps T-Pole: KYes No
SNO Electrical	(919) 427-6952
Electrical Contractor's Company Name	Telephone
19655 NC 210 Hwy Angier NC 29501	
Address	Email Address
13075-6	
License #	
Mechanical/HVAC Contractor Info	ormation
Description of Work 3FD	(4.4) 4.4.4
Stephenson Heating & Air Inc. Mechanical Contractor's Company Name	(919)329-0686
	Telephone
343 Shipwash Dr. Garner NC 27529	Facility and a second
Address	Email Address
18644 License #	
Plumbing Contractor Informat	tion
Description of Work SPD	# Baths_ 2
Barnes Plambing Inc.	(919) 422-2133
Plumbing Contractor's Company Name	Telephone
239 Millwood Ln. Angier NC 27501	
Address	Email Address
P17735	
License #	lian
Insulation Contractor Informat	(919)661-0999
Tatum Insulation II Inc. 519 Old Drug Store Rd. Insulation Contractor's Company Name & Address Garner 27529	Telephone
COLLEGE STATE STAT	

*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.

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: 546-7	