



Application # SFD1905-0063

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: BSLTO, LLC Date: 07-05-2019
Site Address: 120 Fletcher Avenue, Fuquay Varina NC 27526 Phone: 919-608-8962
Subdivision: _____ Lot: _____
Description of Proposed Work: Build new 1390 sq ft house

General Contractor Information

Robert Michael Sherer 919-608-8962
Building Contractor's Company Name Telephone
3312 Optimist Farm Road, Apex, NC 27539 Rmichaelsherer@gmail.com
Address Email Address
26908
License # _____

Electrical Contractor Information

Description of Work Wire New House Service Size: 200 Amps T-Pole: Yes No
ML Electric Service Inc 919-454-3727
Electrical Contractor's Company Name Telephone
2300 Valhalla Ct. Willow Springs, NC 27592 bebop43@aol.com
Address Email Address
U-10696
License # _____

Mechanical/HVAC Contractor Information

Description of Work Install Heat Pump System and Ventilation Equipment
Economy Heat & Air 919-608-8962
Mechanical Contractor's Company Name Telephone
3312 Optimist Farm Road Apex, NC 27539 Rmichaelsherer@gmail.com
Address Email Address
7826 ph3
License # _____

Plumbing Contractor Information

Description of Work Plumb New House # Baths 2
Robert Michael Sherer 919-608-8962
Plumbing Contractor's Company Name Telephone
3312 Optimist Farm Road, Apex, NC 27539 Rmichaelsherer@gmail.com
Address Email Address
7826 ph3
License # _____

Insulation Contractor Information

Insulation Services PO Box 46326 Raleigh NC 27620 919-478-7464
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.

Robert Michael Sheren
Signature of Owner/Contractor/Officer(s) of Corporation

7-5-2019
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 carrying out the work.

Sign w/Title: Robert Michael Sheren member manager GC Date: 7-5-2019