



Application # _____

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: Freda Watson Date: 6-28-19
Site Address: 371 Carolina way Phone: _____
Subdivision: Carolina Lakes Lot: 4
Description of Proposed Work: _____

General Contractor Information

Nash Locher Const Co Inc 910-734-7128
Building Contractor's Company Name Telephone
1313 West Conroye Rd Dw Loch3@NC.RR.com
Address Email Address
44032
License #

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No
MC2 Solutions LLC 910-784-2470
Electrical Contractor's Company Name Telephone
Address _____ Email Address _____
10503L
License #

Mechanical/HVAC Contractor Information

Description of Work install 2 HVAC system to include ductwork and dryer vent
Smart Htg & A/c 910-964-0222
Mechanical Contractor's Company Name Telephone
22775 H3 class 1 SmartAdmin4245@jmail.com
Address Email Address
License #

Plumbing Contractor Information

Description of Work _____ # Baths 2 1/2
Henry Hunt 910-280-8493
Plumbing Contractor's Company Name Telephone
Address _____ Email Address _____
7397
License #

Insulation Contractor Information

Best Way Insulation Co
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.

Mark Jackson
Signature of Owner/Contractor/Officer(s) of Corporation

6-28-19
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: _____