

Application #SFD10100-0041

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

dion on license.	
Owner's Name: Wimberly Investments LLC Site Address: 58 Trace Turner In Coats	Date: 6-27-19
Site Address: 58 Trace Turner Ln, Coats	Phone: 919-669-7066
Subdivision: Trace Torner	Lot:
Description of Proposed Work: New home on Slab	
General Contractor Information	<u>1</u>
Building Contractor's Company Name	Telephone  trwimberly es maile ca  Email Address
	Telephone
2563 Oak arove the Rd	trimberty es maile ca
Address 76207	Email Address
License #	
Description of Work New home work Service Size:	<u>n</u>
Description of Work New Nome Winne Service Size:	Amps T-Pole: 14 Yes II No
Spesific Fredley Electrical Contractor's Company Name	910~390-8954 Telephone
50 Manual Space DI Accord NT 22501	relephone
50 Wood Store Pl, Angre NC 27501 Address	Email Address
32169	
License #	
Mechanical/HVAC Contractor Inform	<u>lation</u>
Description of Work New HUAC	010 110 0500
Mechanical Contractor's Company Name	<u>919~669~9509</u> Telephone
5843 Cokasbury Rd, Frycky Varna Address NC 25526	Email Address
22035	
License #  Plumbing Contractor Information	in.
Description of Work	# Baths 2
	919-868-0959
Plumbing Contractor's Company Name	Telephone
304 Quail Hollow Syntard Ne 27332	
Address	Email Address
23160 License #	
Insulation Contractor Information	on
Tatum Inglating	
Insulation Contractor's Company Name & Address	919 - 428 - 5693 Telephone
519 old Dry store Pel	
*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

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: Bfl Member Manager Date: 6-27-19	