



Application # SFD1908-0025

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: MICHAEL & MAGGIE BENNETT Date: 11/1/19
Site Address: 178 MABRY ROAD ANGLIER, NC 27501 Phone: 919-669-4569
Subdivision: CHESTERFIELD LAKE PROPERTY Lot: 6
Description of Proposed Work: NEW CONSTRUCTION Total Job Cost: \$325,000

General Contractor Information

SENECA HOMES, INC 919-669-4569
Building Contractor's Company Name Telephone
4324 WILLOWDALE CT APEX, NC 27539 senecahomes@nc.rr.com
Address Email Address
41238

Electrical Contractor Information

Description of Work NEW CONSTRUCTION Service Size: 200 Amps T-Pole: Yes No
MABRY'S ELECTRICAL SERVICE 919-639-4837
Electrical Contractor's Company Name Telephone
731 MABRY ROAD ANGLIER, NC 27501 contactemabryelectrical.com
Address Email Address
150774

Mechanical/HVAC Contractor Information

Description of Work NEW CONSTRUCTION
COMFORT SOLUTIONS HVAC, INC 919-553-0266
Mechanical Contractor's Company Name Telephone
2850 NC 42 WEST CLAYTON, NC 27520 jsmith@comfortonline.net
Address Email Address
15822 H-2, H-3

Plumbing Contractor Information

Description of Work NEW CONSTRUCTION # Baths 3.5
AMBIT PLUMBING, INC 919-934-1379
Plumbing Contractor's Company Name Telephone
755 ROCK PILLAR ROAD contactambiteembargmail.com
Address Email Address
20823

Insulation Contractor Information

INSULATION SERVICES P.O. BOX 46326 RALEIGH, 919-478-7464
Insulation Contractor's Company Name & Address Telephone
NC 27610

***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.

M. J. P. T.
Signature of Owner/Contractor/Officer(s) of Corporation

11/1/19
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: M. J. P. T. PRESIDENT

Date: 11/1/19