



Application # SFD1910-0034

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: David + Potty Sexton Date: 10-14-19
Site Address: 6966 421 South ERWIN Phone: 893-8596
Subdivision: _____ Lot: _____
Description of Proposed Work: frame built house

General Contractor Information

APR Restoration + Comm. Development Inc 919-369-7955
Building Contractor's Company Name Telephone
9316-4 Smart Dr. Raleigh _____
Address 276 03 Email Address
81773 License #

Electrical Contractor Information

Description of Work WIRE HOUSE Service Size: _____ Amps T-Pole: Yes No
MYATH SERVICES 910-391-8144
Electrical Contractor's Company Name Telephone
SPRING LAKE _____
Address Email Address
24943-SP-SFD License #

Mechanical/HVAC Contractor Information

Description of Work INSTALL HEATPUMP
MICHAEL COATS 919-422-5418
Mechanical Contractor's Company Name Telephone
CLAYTON NC _____
Address Email Address
22489-H-3 class 1 H-2 License #

Plumbing Contractor Information

Description of Work PLUMB HOUSE # Baths 2
ACME Plumbing + Heating 910-709-7853
Plumbing Contractor's Company Name Telephone
BUIES CREEK _____
Address Email Address
11987 License #

Insulation Contractor Information

James Ivy 919-820-1676
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.

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

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: _____