



Application # SFD1110-0039

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: DANNY R VUNCAANON Date: 10-17-19
Site Address: 85 BENTON FARM WAY Phone: 919-422-4683
Subdivision: _____ Lot: 16D
Description of Proposed Work: NEW CONSTRUCTION

General Contractor Information

SAME
Building Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Electrical Contractor Information

Description of Work _____ Service Size: 400 Amps T-Pole: Yes No
EXTREME ELECTRIC Telephone: 919 812-9929
Electrical Contractor's Company Name _____
69 LYNCH AVE Lillington 27546 Email Address _____
Address _____
21453-L
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
JC HEAT + AIR Telephone: 919-369-2657
Mechanical Contractor's Company Name _____
1539 WACE STEPHENS RD H.S 27540 Email Address _____
Address _____
12655
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths 3 1/2
WATER HEATER EXPRESS Telephone: 919-370-1956
Plumbing Contractor's Company Name _____
7429 SAUNDERS ROAD WILLOW SPRINGS Email Address: SZIMMERMAN PLUMBING@
Address _____ NC. 27592 GMAIL.COM
30514
License # _____

Insulation Contractor Information

Stephenson Building Safety Products Telephone: 919-630-8365
Insulation Contractor's Company Name & Address _____

*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

10-17-19
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:  OWNER Date: 10-17-19