



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 VANCEANON 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 Address
21453-L License #

Mechanical/HVAC Contractor Information

Description of Work JC HEAT + AIR
Mechanical Contractor's Company Name Dupree Heating + Air Telephone 919-369-2657
1539 WACE STEPHENS RD H.S 27590 Address
2085 Eddie Howard Rd. Email Address
12655 License # 31834 Willow Spring N.C. 27592

Plumbing Contractor Information

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

Insulation Contractor Information

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

*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:

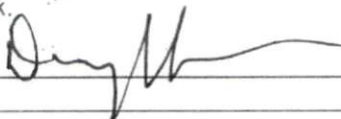
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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