



Application # SFD1911-0001

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: Juliette & Charles Deziel Date: 11/6/19
Site Address: Spring Hill Church Rd Lillington NC 27546 Phone: (919) 586-5361
Subdivision: N/A Lot: _____
Description of Proposed Work: Building residential

General Contractor Information

Kodiak Industries Inc 919-602-0259
Building Contractor's Company Name Telephone
185 Dewar St Fuquay Varina NC 27524 akodiakcompany@gmail.com
Address Email Address
79806
License #

Electrical Contractor Information

Description of Work all electrical work Service Size: 200 Amps T-Pole: Yes No under ground
Arcelectrical (919) 889-6620
Electrical Contractor's Company Name Telephone
P.O. Box 58355 Raleigh, NC 27658 rich@arcelectric.com
Address Email Address
29503-U
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC & Duct work
Coolair (910) 322-7816
Mechanical Contractor's Company Name Telephone
3061 N main St Hope Mills NC 28348 coolairnc@gmail.com
Address Email Address
30929
License #

Plumbing Contractor Information

Description of Work all plumbing work # Baths 1
Arce Plumbing (919) 889-6620
Plumbing Contractor's Company Name Telephone
P.O. Box 58355 Raleigh, NC 27658 rich@arcelectric.com
Address Email Address
33085
License #

Insulation Contractor Information

Tri-City Insulation / Truck team (919) 700-9084
Insulation Contractor's Company Name & Address Telephone
7204 Becky Circle Raleigh NC 27615

*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

11/4/2019
 Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

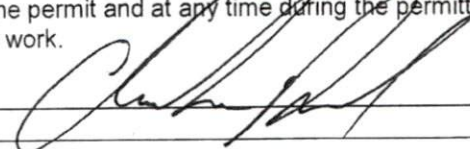
The undersigned applicant being the:

- 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: 11/4/2019