

09/09/11

Application #

SFD 1911-0036

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.

Application for Residential Building and Trades Permit

Owner's Name Turner Matthews Construction Inc Date 12-2-19
Site Address 39 E Washington St Coats NC 27521 Phone 910-984-4028
Directions to job site from Lillington Hwy 27 East to Coats TR HWY 55 East TL East Washington St lot is on the left

Subdivision _____ Lot _____
Description of Proposed Work new house # of Bedrooms 2
Heated SF 853 Unheated SF 0 Finished Bonus Room? no Crawl Space Slab _____

General Contractor Information

Craig Matthews Realty Inc 910-890-4330
Building Contractor's Company Name Telephone
PO Box 399 Coats NC 27521
Address Email Address
44664

License #

Electrical Contractor Information

Description of Work new house Service Size 200 Amps T-Pole Yes No
Parker Electric 910-984-6810
Electrical Contractor's Company Name Telephone
167 Stonehenge Drive Dunn NC 28334
Address Email Address
331658 SP-SFD

License #

Mechanical/HVAC Contractor Information

Description of Work new house
J&M Heating & Air Cond. 910-897-5501
Mechanical Contractor's Company Name Telephone
724 Turlington Rd. Dunn NC 28334
Address Email Address
17164

License #

Plumbing Contractor Information

Description of Work new house # Baths 1
Gilbert Plumbing Co Inc 910-214-1274
Plumbing Contractor's Company Name Telephone
1638 Timothy Rd. Dunn NC 28334
Address Email Address
10929

License #

Insulation Contractor Information

Insulating Inc. 1212 Home Court 919-772-9000
Insulation Contractor's Company Name & Address Telephone
Raleigh NC. 27603

*NOTE General Contractor 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.

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

12-2-19
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: Craig Matthews President Date: 12-2-19
Craig Matthews Realty Inc.