



Application # SFD1912-0035

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: Landon & Martha Chandler Date: 1/8/20
Site Address: 309 Hobby Rd. Holly Springs NC 27540 Phone: _____
Subdivision: _____ Lot: _____
Description of Proposed Work: Single Family Total Job Cost: _____

General Contractor Information

High Surles Builders LLC 919 422 7065
Building Contractor's Company Name Telephone
126 Brandon Dr. highsurlesbuilders@gmail.com
Address Email Address
62559
License #

Electrical Contractor Information

Description of Work _____ Service Size: 200 Amps T-Pole: Yes ___ No
Austin Dean Electrical Contractor 919 669 0063
Electrical Contractor's Company Name Telephone
2793 Baptist Grove Rd, Fu. AustinDeanElectrical@gmail.com
Address Email Address
2793-L
License #

Mechanical/HVAC Contractor Information

Description of Work _____
Carolina Comfort Air 919-550-2492
Mechanical Contractor's Company Name Telephone
5212 Hwy 70 W Clayton
Address Email Address
20515
License #

Plumbing Contractor Information

Description of Work _____ # Baths _____
LR Glover Plumbing 919-820-0026
Plumbing Contractor's Company Name Telephone
Po Box 764 Benson NC 27504
Address Email Address
PI 7958
License #

Insulation Contractor Information

Live Green 3001 dd Paule Rd. Raleigh 919-453-6411
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]
Signature of Owner/Contractor/Officer(s) of Corporation

1/8/20
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: [Signature] Date: 1/8/20