Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits

Application for Residential Building and Trades Permit

onone must match	
Owners Name Turner Matthews	Date
Site Address 373 S Mason Street Coats NC	27521 Phone 910 984-40
Directions to job site from Lillington Hwy 27 East to	Coats TR Mwy 55
TL on South St. TR on N	1450n 57. 150 fee
property on L. The house is beh	1. / _ 1 _
Subdivision	Lot
Description of Proposed Work New You'se	# of Bedrooms Z
	No Crawl Space Slab
Craig Matthews Realty Inc	910-890-4330
Building Contractor's Company Name	Telephone
POBOX 399 Coats NC 27521	
Address	Email Address
44664 License #	
Electrical Contractor Information	1
	200 Amps T-Pole Yes No
ravker electric	910-984-6810
Electrical Contractor & Company Name	Telephone
167 Stonehenge Drive Dunn NC 28334	
Address SQ-SED	Email Address
33 16 58 SP-SFD License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work, New house	
J+M Heating + Air Cond.	910-897-5501
Mechanical Contractor's Company Name	Telephone
724 Turlington Rd. Dunn NC 28934	
Address 17/64	Email Address
License #	
Plumbing Contractor Information	<u>n</u>
Description of Work	#Baths2
Gilbert Plumbing Co Inc	# Baths
Plumbing Contractor's Company Name	Telephone
1638 Timothy Rd. Dunn NC 28334	
Address	Email Address
10929	
License #	-
Insulating Inc. 1212 Home Court	<u>919-772-9000</u>
Insulation Contractor's Company Name & Address Role ish NC	Telephone
27603	

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 bysigning 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.

Crang Matthews

Affidavit for Worke	r's Compens	sation N.O	C.G.S. 87-14
* * * * * * * * * * * * * * * * * * * *	197	*	
		*	* a
Signature of Owner/Contractor/Officer(s) of Co	rporation	Date	

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. Company or Name: Sign w/Title: President Date: 1-13-20
Sign w/Title: Craig Mathers President Date: 1-13-20