

Application # SFDD OOI -C

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 informati

Application for Residential Building and Trades Permit

ion on license.	
Owner's Name: Chad & Gennytza Furne	Date: 12-30-19
Site Address: 168 Sherwood Lane, Sanford, NC	27332 Phone: N/A
Subdivision: <u>Cawlina Lakes</u>	Lot:NA
Description of Proposed Work: New home build Construction	↑Total Job Cost: \$\\\462,618.00
General Contractor Information	
SouthEastern General Contractors	(910) 824 - 7505
Building Contractor's Company Name	Telephone
3059 N. Main St, Hope Mills, NC 28348 Address	<u>Kennedy</u> @ southeasternge.com Email Address
54325	
License #	
Description of Work Wire have with electrical Contractor Information Description of Work Wire have with electrical Service Size: 200 Amps T-Pole: YesNo	
Farmer's Electrical Contractors	910-987-0972
Electrical Contractor's Company Name	Telephone
6758 Appian way, Hope mills, NC 28348	cfarmerfec @ amail. com
Address	Email Address
173636	
License #	
Mechanical/HVAC Contractor Information	
Description of Work Install all HVAC per code	
Certified Heating & Air	910 -858 -0000
Mechanical Contractor's Company Name	Telephone
PO Box 1071 Hope Mills, NC 28348	tonyh. Certified@gmail.com Email Address
Address	Email Address
ZC - 053 0128 20012	
Plumbing Contractor Information	<u>n</u>
Description of Work install all plumbing per code	# Baths 4
Trinity Plumbing	910 - 674 - 8426
Plumbing Contractor's Company Name	Telephone
989 Wilmington thry, Fay, NC 28306	trinitypib agmail. com
Address	Email Address
46-4724284 32334	
License #	_
Insulation Contractor Informatio	910 - 484 - 8855
Insulation Contractor's Company Name & Address	Telephone
334 E mountain Pr, Fuyetzmille NC, 29304	
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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.

12-30-19

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

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.	
$\frac{V}{\text{them.}}$ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover	
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: Kennery Mich (office manager) Date: 12-30-19	