

Application # _____

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

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Owner's Name: Capitol City Homes LLC	Date: 1/6/20
Site Address: 62 Spuce Hollow Gir, Springlake No	28390 Phone: 919-872-0048
Subdivision: Carriage Circle @ Anderson Creek	Lot:1173
Description of Proposed Work: New Construction - Single Fami	ly Dwelling
General Contractor Information	
Capitol City Homes LLC (Jason Morrow)	919-872-0048
Building Contractor's Company Name	Telephone
5711 Six Forks Rd. Suite 200 Raleigh NC 27609	jason.morrow@capitolcity-homes.com
Address	Email Address
70324	
License #	
Electrical Contractor Information	
Description of Work New Electrical Wiring SFD Service Siz	e: 200 Amps T-Pole: XYes No
Buford Electric Inc	919-491-5490
Electrical Contractor's Company Name	Telephone
2978 Gillespie St. Fayetteville NC 28306	bufordelectric@gmail.com
Address	Email Address
31424-U	
License #	
Mechanical/HVAC Contractor Info	<u>ormation</u>
Description of Work Install new Heating and HVAC Systems in SFD	
Certified Heating and Air Conditioning	910-858-0000
Mechanical Contractor's Company Name	Telephone
PO Box 1071 Hope Mills, NC 28348	certifiedheatair@embarqmail.com
Address	Email Address
_H3C1-20012	
License #	
Plumbing Contractor Information	
Description of Work Install all Plumbing in New SFD	# Baths
Vance Johnson Plumbing Co. Inc	_910-424-6712
Plumbing Contractor's Company Name	Telephone
PO Box 64307 Fayetteville, NC 28306	_wbleacher@vjplumbing.com
Address	Email Address
07756	
License #	
Insulation Contractor Information	
Tatum Insulation II, Inc - 519 Old Drug Store Rd. Garner, NC 27529	919-661-0999
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 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.

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

Date 1/6/20

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
X General Contractor X 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:	