



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

Owner's Name: Mark Walton Date: 3/10/2020
Site Address: Joe Collins Rd Phone: 919-697-0139
Subdivision: NA Lot: NA
Description of Proposed Work: SFD Total Job Cost: 190,000.00

General Contractor Information

David Carroll Homes, Inc 919-669-7999
Building Contractor's Company Name Telephone
1904 Phelps West Rd, F.V. NC 27520 dchomes68@gmail.com
Address Email Address
55230

Electrical Contractor Information

Description of Work SFD Service Size: 200 Amps T-Pole: Yes No
Extreme Electric 919-812-9929
Electrical Contractor's Company Name Telephone
69 Lynch Ave, Lillington 27546
Address Email Address
21453-L
License #

Mechanical/HVAC Contractor Information

Description of Work SFD
Reliable Home Solution 919-996-9611
Mechanical Contractor's Company Name Telephone
829A Purser Dr Raleigh, 27603
Address Email Address
33797
License #

Plumbing Contractor Information

Description of Work SFD # Baths 2
Rapps Plumbing 919-422-3660
Plumbing Contractor's Company Name Telephone
PO. Box 597 Four Oaks, 27524
Address Email Address
18214
License #

Insulation Contractor Information

Livegreen Ins. 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.

David Canal

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

3/10/2020

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: _____ Date: _____