

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: James mason Parker Date: 3-3-2020
 Site Address: 1139 Morington RD Phone: 910 890-2250
 Subdivision: private Lot: _____
 Description of Proposed Work: NEW HOUSE

General Contractor Information

PEBCO CONST. INC 910 984 6765
 Building Contractor's Company Name Telephone
630 Griffin RD Lillington NC 27546 KLC MGC@clarter.net
 Address Email Address
14856
 License #

Electrical Contractor Information

Electrical Permit Information

Description of Work NEW HOUSE Service Size: 200 Amps TPole: yes/no
JM POPE ELECT 910 890-3655
 Electrical Contractor's Company Name Telephone
3483 Cameron Dr. 40770
 Address License #
James M. Pope #
 Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work NEW HOUSE
Carolina Comfort Air 419 333 4320
 Mechanical Contractor's Company Name Telephone
5212 ~~RD~~ US 70 W Clayton NC 27520 H3-29077
 Address License #
Phillip Powell
 Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work NEW HOUSE # Baths _____
Jamie Johnson Plumbing 910 584 6277
 Plumbing Contractor's Company Name Telephone
1490 Clark RD Lillington NC 27546 21649
 Address License #
Jamie Johnson
 Signature of Officer(s) of Corporation

Insulation Permit Information

Alvan Di Te
 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.

Kenneth R. Smith LLC
Signature of Owner/Contractor/Officer(s) of Corporation

3-3-2020
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: *Kenneth R. Smith V-P*

Date: 3-3-2020