



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: Joshua Robbins Date: _____
Site Address: Kipling Rd. Fuquay Varina, NC 27526 SFD-2002-0040 Phone: 919-427-1385
Subdivision: _____ Lot: Lot #3
Description of Proposed Work: New Single Family Home - 3 Bd / 2 Bth Total Job Cost: ~~_____~~ \$250,000

General Contractor Information

OWNER ACTING AS CONTRACTOR (919) 427-1385
Building Contractor's Company Name Telephone
29 TULSON CT. FUQUAY VARINA, NC 27526 JROBBI25@GMAIL.COM
Address Email Address

License # _____

Electrical Contractor Information

Description of Work NEW ELECTRICAL Service Size: _____ Amps T-Pole: Yes No
COOK ELECTRIC OF NC, INC. (919) 427-1279
Electrical Contractor's Company Name Telephone
PO Box 999 FUQUAY VARINA, NC 27526 COOKSELECTRIC@GMAIL.COM
Address Email Address

18967-L
License # _____

Mechanical/HVAC Contractor Information

Description of Work NEW HVAC
HVAC SPECIALIST (919) 669-9509
Mechanical Contractor's Company Name Telephone
5843 COKEBURY RD., FUQUAY VARINA, NC 27526 HVACSPECIALIST85@YAHOO.COM
Address Email Address

22035
License # _____

Plumbing Contractor Information

Description of Work NEW PLUMBING # Baths 2
THORNTON'S PLUMBING INC (919) 550-4833
Plumbing Contractor's Company Name Telephone
3160 A VIVSON RD. CLAYTON, NC 27527 TPIOFFICE2@GMAIL.COM
Address Email Address

22152
License # _____

Insulation Contractor Information

ALLIED SPRAY FOAMS INC. 2624 AVENUE FERRY RD. (919) 971-0869
Insulation Contractor's Company Name & Address Telephone
HOLLY SPRINGS, NC 27540

***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.


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

2/21/20
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:

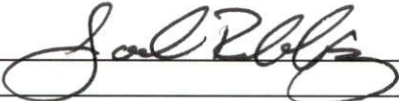
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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:  - OWNER Date: 2/21/20