



Application # SFD2003-0004

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: CHARLES RAY BRADSHAW Date: 3/31/20
Site Address: 1506 ERWIN CHAPEL ROAD DUNN NC 28334 Phone: 919-820-2068
Subdivision: _____ Lot: 1
Description of Proposed Work: SFD-2138HTD 1309 unheated Total Job Cost: \$ 220000

General Contractor Information

Godwin Construction & Development LLC 919-810-2591
Building Contractor's Company Name Telephone
P.O. Box 1922 Dunn N.C. 28335 buckgodwinconstruction@gmail.com
Address Email Address
75471
License #

Electrical Contractor Information

Description of Work Elect. Per Code Service Size: 200 Amps T-Pole: Yes No
MABRY'S ELECTRICAL SERVICE 919-639-4837
Electrical Contractor's Company Name Telephone
731 MABRY RD. ANGLER N.C. 27501
Address Email Address
15077-4
License #

Mechanical/HVAC Contractor Information

Description of Work HEAT PUMP - GAS
CENTRAL AIR HEATING & COOLING 919-963-0001
Mechanical Contractor's Company Name Telephone
P.O. Box 175 FOUR OAKS, N.C. 27524 www.centralairnc.com
Address Email Address
28699
License #

Plumbing Contractor Information

Description of Work STANDARD PLUMBING - INSTANT H2O HTR # Baths 2
L.R. GLOVER PLUMBING 919-820-0026
Plumbing Contractor's Company Name Telephone
P.O. Box 764 BENSON N.C. 27504
Address Email Address
7958
License #

Insulation Contractor Information

CUMBERLAND INSULATION CO 4205 CLINTON RD. WYETHVILLE 910-484-7118
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.

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

3/30/20
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: [Signature] (President) Date: 3/30/20