



Application # SFD02003-0040

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: JONATHAN WALL Date: 3/16/20  
Site Address: TRUELOVE RD, HOLLY SPRINGS Phone: (919) 669-8060  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: NEW HOME Total Job Cost: 110,000

**General Contractor Information**

JONATHAN WALL Telephone: (919) 669-8060  
Building Contractor's Company Name Telephone  
12609 TURNER MEADOW DR. RALEIGH NC JONATHANWALLHOMES@gmail.com  
Address Email Address  
35492  
License #

**Electrical Contractor Information**

Description of Work New Home Service Size: 200 Amps T-Pole:  Yes  No  
Common Ground Electric Telephone: (919) 478-3092  
Electrical Contractor's Company Name  
32654 FOUR OAKS Email Address  
Address  
32654  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New Home Telephone: (910) 890.2812  
Superior HVAC Telephone  
Mechanical Contractor's Company Name  
9314 NC Hwy 42 Holly Springs Email Address  
Address  
33958  
License #

**Plumbing Contractor Information**

Description of Work New Home # Baths: 2  
CTP Plumbing Telephone: (919) 730-7955  
Plumbing Contractor's Company Name  
30 FOUR OAKS, NC Email Address  
Address  
3006  
License #

**Insulation Contractor Information**

Friends Insulator Telephone: (919) 291-2430  
Insulation Contractor's Company Name & Address

\*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

\_\_\_\_\_  
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: 3/16/20