

Application # 5F02003-0042

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

n on license.		
Owner's Name: Je.50	s Macis Leon	Date: 12-4-20
Site Address: 61 Thorn	tons Creck Dr. Gruin N.C. ?	28339 Phone: 910-920-856
Subdivision: Thurntons	Creek	Lot:
Description of Proposed Wo	rk: New Hone	Total Job Cost: 180,000.00
	General Contractor Informat	tion
Stand Sure Custom Homes, INC		910-890-6870
Building Contractor's Company Name		Telephone
P.O.Box 1072 Coats N.C. 27523		Stand Sure homes@gmail. com
Address		Email Address
70922	HEATED SQ FT GARAGE	SQFT
License #	Electrical Contractor Informa	tion.
Description of Work Rough :	n and Trim out Service Size	ze: 200_Amps T-Pole: <u>X</u> YesNo
Watts UP Electric	•	910-824-0653
Electrical Contractor's Comp		Telephone
2856 US 301 Soi	UHA DUNN, M.C. 28334	I watt supelectric Ogmail. com
Address	,	Email Address
33800		
License #	Machanical/HVAC Contractor Inf	ormation.
Description of West Parale	Mechanical/HVAC Contractor Info	ormation
Reservation of Work Novan	in and Trimout Hvac	6.0.616 66.1
Beasleys Heating and air Conditioning Mechanical Contractor's Company Name		919-868-5821 Telephone
57 W.C. Beasley Lane Coats, A.C. 27521		
Address	4 rane Coats, n.c. 273 &1	Beasleys hvac @ gol.com Email Address
9497		Email / Iddiopo
License #		
	Plumbing Contractor Information	ation
Description of Work		# Baths
Plumbing Contractor's Company Name		Telephone
Address		Email Address
Add 600		Littali Address
License #		
	Insulation Contractor Inform	ation
Insulation Contractor's Company Name & Address		Telephone
insulation Contractor's Company Name & Address		. Siephione

*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

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:		