



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: Jeff and Beth Armstrong Date: 3.20.20

Site Address: Brickmill Rd. Coats NC Phone: 919.820.1211

Subdivision: N/A Lot: 2

Description of Proposed Work: SFD Total Job Cost: \$320,000

General Contractor Information

Robert Pope Builders, LLC

Building Contractor's Company Name

901 W. Pearsall St. Dunn NC 28334

Address

79853

License #

868
919.820.2912

Telephone

robert.pope.builders@gmail.com

Email Address

Electrical Contractor Information

Description of Work New SFD Service Size: 200 Amps T-Pole: Yes No

Mabrys Electrical

Electrical Contractor's Company Name

731 Mabry Rd Angier NC

Address

15077

License #

919.639.4837

Telephone

service@mabryelectrical.com

Email Address

Mechanical/HVAC Contractor Information

Description of Work New SFD

BTS Air Conditioning

Mechanical Contractor's Company Name

5446 Elevation Rd. Benson NC 27504

Address

4256

License #

919.894.5151

Telephone

Email Address

Plumbing Contractor Information

Description of Work New SFD # Baths 2.5

LR Glover Plumbing

Plumbing Contractor's Company Name

P.O. Box 764 Benson NC 27504

Address

7958

License #

919.820.0026

Telephone

Email Address

Insulation Contractor Information

Parker Brothers Insulation 910.990.5928

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.

[Handwritten Signature]

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

3/16/20

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]* owner

Date: *3.16.20*