

\$750⁰⁰



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: JONATHAN WALL Date: 3/26/20

Site Address: 109 TRILLIUM RD (LOT B) HOLLY SPRINGS Phone: (919) 669-8060

Subdivision: PIN # 0635-59-2364 Lot: _____

Description of Proposed Work: NW HOME Total Job Cost: 120,000

General Contractor Information

JONATHAN WALL

Building Contractor's Company Name

1269 TURNER MEADOW DRIVE, RALEIGH

Address

35492

License #

(919) 669-8060

Telephone

JONATHANWALL HOMES E

Email Address

GMAIL.COM

Electrical Contractor Information

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

Common Grains

Electrical Contractor's Company Name

222 FOX RUN CT. BOYD

Address

32654

License #

(919) 478-3092

Telephone

COMMON GRAINS ELECTRIC, LLC E

Email Address

GMAIL.COM

Mechanical/HVAC Contractor Information

Description of Work New Home

Superior HVAC

Mechanical Contractor's Company Name

9314 NC Hwy 42, Holly Springs 27540

Address

33958

License #

910.890.2812

Telephone

J MILLERS HONIGANS COOLING E

Email Address

GMAIL.COM

Plumbing Contractor Information

Description of Work New Home # Baths 2

Christopher Johnson

Plumbing Contractor's Company Name

10 Olivers Grove Rd, Free Oaks NC

Address

30006

License #

Telephone

CJOHNSON0382 E GMAIL.COM

Email Address

Insulation Contractor Information

Frinds Insulation Telephone (919) 291-2438

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 of Owner/Contractor/Officer(s) of Corporation

Date

3/26/20

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: _____

3/26/20