

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: Harrington Properties of NC, LLC Date: 4-21-2020
 Site Address: 443 McArthur Road Phone: 919-770-5969
 Subdivision: _____ Lot: 3
 Description of Proposed Work: New Home Total Job Cost: _____

General Contractor Information

Harrington Properties of NC, LLC 919-770-5969
 Building Contractor's Company Name Telephone
2659 San Lee Drive Sardsville, NC 27330 Brandon@harringtonpropertiesofnc.com
 Address Email Address
75410

Electrical Contractor Information

Description of Work New Home Service Size: 200 Amps T-Pole: Yes No
Billings Electric Company 919-770-0143
 Electrical Contractor's Company Name Telephone
736 John Roscoe Road Sardsville, NC 27330
 Address Email Address
18798-4
 License #

Mechanical/HVAC Contractor Information

Description of Work New Home
B+T HVAC Inc. 919-362-5846
 Mechanical Contractor's Company Name Telephone
992 Hartsford Road Apex, NC
 Address Email Address
14645
 License #

Plumbing Contractor Information

Description of Work New Home # Baths 2
Mike Leslie Plumbing 919-499-7670
 Plumbing Contractor's Company Name Telephone
1366 Cotton Road Sardsville NC 27330
 Address Email Address
12949
 License #

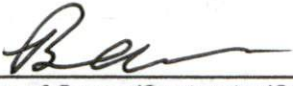
Insulation Contractor Information

Insulating Inc. 1821 Jefferson Davis Hwy 919-776-4138
 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

4-21-2020

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:  Member Date: 4-21-2020