

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 Bulld	ling and Trades	Permit
-----------------------------------	-----------------	--------

hone must match	<u> </u>	11 0
on license.	1 - 1 Smith	Date: <u>4-20-2</u> 0
Owner's Name:	gsod and Enily Smith	2022 KPhone: 1-910-263-2481
Site Address:	W. Blackmen Rd, Dard, NC	Lot:
Subdivision:		Table 1 Cost 306089.78
Description of Propose	ed Work: New Home Construction	otal Job Cost. 13060 01. 20
	General Contractor Information	
James Agra	J (ee	910.985-21.59
Building Contractor's	Company Name	Telephone
311 lee Alle	N Pope Lowe Dunn, NC	1956 Ames Lee @ 6. mail. com Email Address
38263		
License #		
	Electrical Contractor Information	400 Amps T-Pole: 1/ YesNo
Description of Work _		O O CON VIVAV
GEC Elect	ric INC	919-894-4404
Electrical Contractor's	s Company Name	Telephone
P. O BOX 95	Benson, NC. 27504	gacelectricisc venson NS
Address	,	Email Address
19589-6	_	
License #	Mechanical/HVAC Contractor Inform	nation
	Heat + Air	910-892-8827 Telephone
Custom	Heat + Air	710.872 8827
Mechanical Contracto		Telephone
/00/Denim	Drive, Erwin, NC. 28339	Custom Lentingandair O G. Mail Email Address . com
12195	-	
License #	Discribing Contractor Informati	••
	O <sub>1</sub> Plumbing Contractor Informati	2 /
Description of Work	Flumbing	# Baths 2
JAMA BA	re tout	910-892-4736
Plumbing Contractor	's Company Name	Telephone
5476 Timo	thy Rd, DuNN, NC. 28334	Email Address
2019V 0	,	Email Address
License #		
	Insulation Contractor Informati	
Parker Bo	ethers	910-564-4132
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.

4-20-20 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: James Aur Zin Date: 4-20-20