

Application # _____

* 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. 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

| on on license. | |
|---|--|
| Owner's Name: Randall E. Bullard | _{Date:} _5-6-2020 |
| Site Address: 1438 Hodges Chapel Rd. Benson, A | 1c 2750 Hnone: 919-602-0661 |
| Subdivision: NA | Lot: NA |
| Description of Proposed Work: Construction of new SFD | _ Total Job Cost: § 275,000. |
| General Contractor Information | |
| Barefoot Building Company, LLC Building Contractor's Company Name | 910 - 890 - 325 @ Telephone |
| P.O. Box 1411 | wrbarefoot @ yahoo, com |
| Address | Email Address |
| 8\627 License # | |
| Description of Work installation of electrical Service Size: | Amps T Polo: Vos No |
| Wester + Pare Electric, Inc. System | (919) 499 - 5209 |
| Electrical Contractor's Company Name | Telephone |
| 614 Leilie Rd., Sanfurd, NC | |
| Address | Email Address |
| <u>U. 12007</u> License # | |
| Mechanical/HVAC Contractor Information | ation_ |
| Description of Work installation of HVAC system | M |
| Wayne Bryant Heating and Cooling, LLC | 919-631-5132 |
| Mechanical Contractor's Company Name | Telephone |
| 708 Birch Hallow Ct., Fuguay-Varina, NC | |
| Address 33a41 | Email Address |
| License # | |
| Plumbing Contractor Information | - 1/ |
| Description of Work installation of plumbing system | # Baths3 2 |
| Kushin Plumbing, LLC | (919) 410-5967 |
| Plumbing Contractor's Company Name | Telephone |
| 1711 Rock Pillet Rd., Clayton, NC Address | <u>Fushin Plumbing e</u> gmail. com Email Address |
| L. 33242 | Email / Kadroso |
| License # | |
| Insulation Contractor Information | |
| Insulation Contractor's Company Name & Address | 7(9-630-8365 Telephone |
| 1200 Corporation PKwy. Suite 121, | |
| *NOTE: General Contractor / owner must fill out and sign the a | acond 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.

5-6-2020 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: What See Date: 5-6-2020 | |