

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: Blake Denning Date: \_\_\_\_\_  
 Site Address: 597 Hodges Chapel Church Rd Dunn, NC Phone: 919-912-0112  
 Subdivision: NA Lot: NA  
 Description of Proposed Work: New Home Total Job Cost: \$250,000

**General Contractor Information**

Denning Contracting Company 919-894-8560  
 Building Contractor's Company Name Telephone  
105 Lee Rd Benson, NC blake@denningcontracting.com  
 Address Email Address  
7668b  
 License #

**Electrical Contractor Information**

Description of Work New Home Service Size: 400 Amps T-Pole:  Yes  No  
Amped Electric 919-625-0180  
 Electrical Contractor's Company Name Telephone  
510 Denning Rd Benson, NC 27504 ampedelectricnc@yahoo.com  
 Address Email Address  
30129-I  
 License #

**Mechanical/HVAC Contractor Information**

Description of Work My HVAC Guys New Home  
My HVAC Guys 919-796-8129  
 Mechanical Contractor's Company Name Telephone  
646 Wood Valley Dr. Four Oaks, NC Brandon.baker@myhvacguys.com  
 Address Email Address  
34239  
 License #

**Plumbing Contractor Information**

Description of Work New Construction # Baths 2.5  
John Brait Adams  
 Plumbing Contractor's Company Name Telephone  
PO Box 45 Benson NC  
 Address Email Address  
P17359  
 License #

**Insulation Contractor Information**

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

8/18/20

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:  President

Date: 8/18/20