

Application # _____

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match 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

information on license.	. / /-
Owner's Name: David Dongles	Date: 6/22/2020
Site Address: 1070 W. Strickland as Punn	Phone:
Subdivision:	Lot:
Description of Proposed Work: Build new home	_ Total Job Cost: \$250,000
General Contractor Information	<u>n</u>
BQuest Homes	919-909-3493 Telephone Mullins nate 7@ gmail.com Email Address
Building Contractor's Company Name	Telephone
Building Contractor's Company Name 2033 Walder Way Clay for	mullimate 7@ gmail.com
Address	Email Address
82702	
License #	
Description of Work Wire home Electrical Contractor Information Service Size:	nn Amps T-Pole:YesNo
CMC Electric	Amps 1-Pole:No
Electrical Contractor's Company Name	919-291-0989 Tababasa
DA R. 1917 Clay L. L. 27C2	Telephone
Po Bix 1833 Clayton Nc 27528	derivette @cmcelectric con Email Address
Address 804	Email Address
License #	
Mechanical/HVAC Contractor Inform	nation
Description of Work HUAC home - Gas to Freplace,	cook too.
Greenlight Heating and Cooling Mechanical Contractor's Company Name	<u>919-500-0077</u> Telephone
12218 Bradford Green Sq Cary NC 27526	powello greenlight cooling.com Email Address
Address	Email Address
23557	
License #	
Plumbing Contractor Informatio	<u>n</u>
Description of Work Plumb Home	_# Baths
Burber lonron	919-553- 4455
Plumbing Contractor's Company Name	Telephone Teromy @ bp plumbing.com Email Address
114 Lee ct Clayfor NC 27520	Is comy @ bp phum blug.com
Address	Email Address
27132	
License #	
Insulation Contractor Information	336-213-9144
Tru Team 7204 Becky CV Roleigh NC 27615	
Insulation Contractor's Company Name & Address	Telephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.

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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.

	A	An a	6/22/2020	
Sig	nature of Ow	er/Contractor/Officer(s) of Corporation	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: Date: 6/22/2020			

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