



Application # SFD 2006-0015

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: Michael Anderson Homes, Inc Date: 7-10-2020

Site Address: 3621 Rawls Church Rd, Fuquay-Varina, NC 27526 Phone: 919-868-8294

Subdivision: Dak Creek Lot: 9

Description of Proposed Work: New single family home Total Job Cost - \$180,000

**General Contractor Information**

Michael Anderson Homes, Inc 919-868-8294  
Building Contractor's Company Name Telephone

180 Woodland Ridge Dr., Fuquay-Varina, NC 27526 michaelandersonhomes@gmail.com  
Address Email Address

50512

License #

**Electrical Contractor Information**

Description of Work New SFD Service Size: 200 Amps T-Pole:  Yes  No

Joseph Micheal Fredley 919-390-8954  
Electrical Contractor's Company Name Telephone

421 Virgil Road, Durham, NC 27703  
Address Email Address

L-32169

License #

**Mechanical/HVAC Contractor Information**

Description of Work New SFD  
JC's Heating & Cooling, Inc 919-369-2657  
Mechanical Contractor's Company Name Telephone

1539 Wade Stephens Road, Holly Springs, NC 27540  
Address Email Address

12655

License #

**Plumbing Contractor Information**

Description of Work New SFD # Baths 2.5  
Camden's Plumbing & Repair, Inc 919-669-4650  
Plumbing Contractor's Company Name Telephone

PO Box 1359, Fuquay-Varina, NC 27526  
Address Email Address

18903-PL

License #

**Insulation Contractor Information**

Insulating Inc 5902 Fayetteville Rd, Raleigh, NC 27603 919-772-9000  
Insulation Contractor's Company Name & Address Telephone

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

Duke Energy  
Premise # 05182029

strong roots • new growth

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.

Michael Anderson  
Signature of Owner/Contractor/Officer(s) of Corporation

7-10-2020  
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: Michael Anderson, president    Date: 7-10-2020