

Duke Energy Premise #  
12253266



Application # SFD2006-0016

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: Gerald + Teresa Atkins Date: 7-1-2020  
Site Address: 929 Tyler Dewar Lane, Fuquay-Varina, NC 27526 Phone: 919-422-1552  
Subdivision: N/A Lot: N/A  
Description of Proposed Work: New SFD - see attached Total Job Cost: \$484,500

**General Contractor Information**

Michael Anderson Homes, Inc. 919-868-8294  
Building Contractor's Company Name Telephone  
180 Woodland Ridge Drive, Fuquay-Varina, NC  
Address 27526 michaelandersonhomes@gmail.com  
50512 Email Address  
License #

**Electrical Contractor Information**

Description of Work New SFD Service Size: 400 Amps T-Pole:  Yes  No  
Joseph Micheal Fredley 919-390-8954  
Electrical Contractor's Company Name Telephone  
421 Virgil Road, Durham, NC 27703  
Address  
L-32169 Email Address  
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  
Address 27540 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  
18903-PL Email Address  
License #

**Insulation Contractor Information**

Tri-City Insulation, 1901 Herring Avenue, Wilson, NC 252-243-4999  
Insulation Contractor's Company Name & Address 27893 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.**

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

7-1-2020  
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: 7-1-2020