

Application #	

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

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**

on on mediae.		
Owner's Name: William D. Hawley	Date: 1/18/2021	
Site Address: 2815 Kipling Road Fuguey Varina NC	2001055 Phone: 919-868-0791	
Subdivision: On Septic Permit SFD 2006-0078 as 185	Hawley Loop Lane Fuguray Varina NC	
Description of Proposed Work: Buil Personal House		
General Contractor Information		
Solf	919-82-0791	
Building Contractor's Company Name	919-868-0791 Telephone  dcd-fab@g mail.Com  Email Address	
POBOX 1778 Angier NC 27501	dcd-fab@g mail.com	
Address	Email Address	
License #		
Description of Work Electrical Electrical Contractor Informatio  Service Size:	<u>n</u> 200_Amps T-Pole: √YesNo	
21 A Constitution of Work Electrical Service Size.		
Electrical Contractor's Company Name	910-984- 6932 Telephone	
RA Gregory Electric / Rodney Gregory Electrical Contractor's Company Name 1948 NC Hwy 27 W Lillington NC 27544	Гејернопе	
Address	Email Address	
217174	Email / Nacroso	
License #		
Mechanical/HVAC Contractor Inform	ation	
Description of Work Install HVAC - Residential		
Dunces Heating + Nic / Malt Dunces	919-291-0573	
Dupree Heating + Air / Matt Dupree  Mechanical Contractor's Company Name	Telephone	
85 Eddie Howard Rd Willow Spring NC 27592		
Address	Email Address	
31834		
License #		
Plumbing Contractor Informatio	<u>n</u>	
Description of Work Install Plumbing	_# Baths_ <u>2</u>	
DIV Repair / Don Cane	919-586-5317	
Plumbing Contractor's Company Name	Telephone	
1042 RidgeRd Angier NC 27501		
Address	Email Address	
P15986		
License #		
Insulation Contractor Information		
SIW Insulation Co; 351 Helm Drive Garner NC:		
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 <a href="by signing below I have obtained all subcontractors">by signing below I have obtained all subcontractors</a> <a href="permission to obtain these permits">permission to obtain these permits</a> and if <a href="any">any</a> 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

1/18/2021

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:		
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		