

Application #

\* 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. 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

| or or neurons.   |                          |                     |
|--|--------------------------|---------------------|
| Owner's Name: Capitol City Homes LLC                               |                          | Date: 7/13/2020     |
| Site Address: 510 Falls Creek Dr, Spring Lake                      | Phone:                   | 919-872-0048        |
| Subdivision: Crossings @ Anderson Creek                            | Lot:                     | 106                 |
| Description of Proposed Work: New Construction - Single Famil      |                          |                     |
| General Contractor Informati                                       |                          |                     |
| Capitol City Homes LLC (Jason Morrow)                              | 919-872-0048             |                     |
| Building Contractor's Company Name                                 | Telephone                |                     |
| 5711 Six Forks Rd. Suite 200 Raleigh NC 27609                      | iason morrow@car         | oitolcity-homes.com |
| Address  | Email Address            | Molety-Homes.com    |
| 70324  |                          |                     |
| License #  |                          |                     |
| Electrical Contractor Information                                  |                          |                     |
| Description of Work New Electrical Wiring SFD Service Size         | e: 200 Amps T-Po         | le: X Yes No        |
| Buford Electric Inc  | 919-491-5490             |                     |
| Electrical Contractor's Company Name                               | Telephone                |                     |
| 2978 Gillespie St. Fayetteville NC 28306                           | bufordelectric@gmail.com |                     |
| Address  | Email Address            |                     |
| 31424-U  |                          |                     |
| License #  |                          |                     |
| Mechanical/HVAC Contractor Info                                    | rmation                  |                     |
| Description of Work Install new Heating and HVAC Systems in SFD    |                          |                     |
| Certified Heating and Air Conditioning                             | 910-858-0000             |                     |
| Mechanical Contractor's Company Name                               | Telephone                |                     |
| PO Box 1071 Hope Mills, NC 28348                                   | certifiedheatair@e       | embaromail com      |
| Address  | Email Address            | .moarqman.com       |
| _H3C1-20012  |                          |                     |
| License #  |                          |                     |
| Plumbing Contractor Informa  | tion                     |                     |
| Description of Work Install all Plumbing in New SFD                | # Baths                  |                     |
| Vance Johnson Plumbing Co. Inc                                     | 910-424-6712             |                     |
| Plumbing Contractor's Company Name                                 | Telephone                | 7.71                |
| PO Box 64307 Fayetteville, NC 28306                                | wbleacher@vjplu          | mbing com           |
| Address  | Email Address            |                     |
| 07756  |                          |                     |
| License #  |                          |                     |
| Insulation Contractor Informa                                      | tion                     |                     |
| Tatum Insulation II, Inc - 519 Old Drug Store Rd. Garner, NC 27529 | 919-661-0999             |                     |
| Insulation Contractor's Company Name & Address                     | Telephone                | 1000                |

\*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.

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 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. 7/14/2020 Date Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: General Contractor 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: