

Application #_

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 informati

Application for Residential Building and Trades Permit

on on license.	
Owner's Name: Stewart + Alisa Smith	Date: 7/15/20
Site Address: 1115 Purfoy Rd. Fuguay - Varine	
Subdivision: Lot 2 Truman Smoth	
	Total Job Cost: 400,000
General Contractor Information	
	919.868.2912
Robert Pope Builders, LLL Building Contractor's Company Name	Telephone
90) W. Pearson St. DUNN NU 28334 Address	Posebuilles e ymailem Email Address
79853	
License #	
Description of Work 12W SFD Service Size:	Mon Amps T-Pole: Yes No
Makeus Electrical Services	919 639 4837
Electrical Contractor's Company Name	Telephone
731 Mabry Rd. Angier NL 27501	Contact emalory electricul.
Address	Email Address
15077 - U	
License # Mechanical/HVAC Contractor Inform	ation
Description of Work NEW SFD	iation
Bts Air Conditioning	919 894-5151
Mechanical Contractor's Company Name	Telephone
5446 Elevation Rd. Benson NC 27504	•
Address	Email Address
4256	
License #	
Plumbing Contractor Information	
Description of Work New SFD	
Plumbing Contractor's Company Name	919 820 0026 Telephone
P-0 Box 764 Benson NC 27504	relephone
Address	Email Address
7958	
License #	
Insulation Contractor Information	on 0.6 (163 1));
Insulation Contractor's Company Name & Address	Telephone
Insulation Contractor's Company Name & Address 5001 old Poole Rd. Raley	releptione
*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

7/15/20 Date

is as per current fee schedule.

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: 7/15/20