

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

Application for Residential Building and Trades Permit

Owner's Name: Turner Matthews Date: 7/28/20
Site Address: 99 WA Sawyer Lane Dunn Phone: 910 984-4028
Directions to job site from Lillington: 4215 From Lillington towards Dunn.
TL on Grace Rd. TR on W.A Sawyer
Subject property at end.

Subdivision: _____ Lot: _____
Description of Proposed Work: New Home # of Bedrooms: _____
Heated SF: 853 Unheated SF: 0 Finished Bonus Room? _____ Crawl Space: Slab: _____

General Contractor Information

Craig Mathews Realty Telephone: 910 890-4330
Building Contractor's Company Name
P.O. Box 399 Coats NC 27521
Address
44664
License # _____ Email Address _____

Electrical Contractor Information

Description of Work New Home Service Size: 200 Amps T-Pole: Yes No
Parker Electric Telephone: 910 984-6810
Electrical Contractor's Company Name
167 Stonehenge Drive Dunn NC 28354
Address
31658-SP-SFD
License # _____ Email Address _____

Mechanical/HVAC Contractor Information

Description of Work New Home
J & M Heating & Air Telephone: 910 897-5501
Mechanical Contractor's Company Name
724 Turlington Rd. Dunn NC
Address
17164
License # _____ Email Address _____

Plumbing Contractor Information

Description of Work New Home # Baths: 1
Gilbert Plumbing Co. Telephone: 910 214-1274
Plumbing Contractor's Company Name
1638 Timothy Rd. Dunn NC
Address
10929
License # _____ Email Address _____

Insulation Contractor Information

Insulation Inc Telephone: 919-772-9000
Insulation Contractor's Company Name & Address
1212 Home Court Raleigh NC 27603

*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.

Craig Thomas Matthews
Signature of Owner/Contractor/Officer(s) of Corporation

7-28-2020
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.

Company or Name: Craig Matthews Realty Inc
Sign w/Title: Craig Thomas Matthews President Date: 7-28-2020