

## Amherst GL

\* 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 # \_\_\_\_\_

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**

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Owner's Name: On Top Building Company, LLC - Brand	Lie Robertson Date: 7.31.20
Site Address: 1329 BUL Avery Rd., Coats NC 2752	Phone: 919.201.1133
Subdivision: N/A	Lot: 2
Description of Proposed Work: New Construction Res.	Total Job Cost: \$180,000
General Contractor Informatio	
On Too Building Company, LLC	919.201.1133
Building Contractor's Company Name	Telephone
2393 Twin acres Rd., Clayton NC 27520 Address	ontop bui <b>lding to mpany @gmail.com</b> Email Address
71416	Email Address
License #	
Electrical Contractor Information	on Control of the Con
Description of Work New Construction Build -Res Service Size:	
R.A. Jackson Electric Electrical Contractor's Company Name	<u>919.894.5367</u> Telephone
9261 Raleigh Rd., Benson NC 27504	rajacksonelectric@embargmail.com
Address	Email Address
21144	
License #  Mechanical/HVAC Contractor Inform	motion.
Description of Work New Construction Build - Residential	nation
Stephenson Heating & air	010 300 0/0/
Mechanical Contractor's Company Name	<u>919.329.0686</u> Telephone
343 Shipwash Dr., Garner NC 27529	stephenson hvac @aol.com
Address	Email Address
18644	stephensonservice e hotmail.com
License #  Plumbing Contractor Information	
Description of Work New Construction Build - Residential	# Baths 2
White's Plumbina	
Plumbing Contractor's Company Name	919. 496.6929 Telephone
P.O. Box 1286, Youngsville NC 27596	
Address	whitesplumbing 16@gmail.com Email Address
16941	
License #	
Insulation Contractor Information  Tatum Insulation Inc. 519 Old Drug Store Rd.	
Insulation Contractor's Company Name & Address Garner NC	<u>919.661.0999</u> Telephone
27529	

\*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.

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: Blandie H. Rebertson, Owner Date: 7.31.2020	