

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 information on license.

Application for Residential Building and Trades Permit

Owner's Name: Randy W. Gilchrist Date: _____
 Site Address: 2966 CHRISTIAN LIGHT ROAD Phone: (919) 805-8186
 Subdivision: _____ Lot: _____
 Description of Proposed Work: _____ Total Job Cost: _____

General Contractor Information

Home Owner
 Building Contractor's Company Name _____ Telephone _____
 Address _____ Email Address _____
 License # _____

Electrical Contractor Information

Description of Work ELECTRIC Service Size: _____ Amps T-Pole: Yes No
T & D ELECTRIC Telephone (919) 625-8832
 Electrical Contractor's Company Name _____
2046 CHRISTIAN LIGHT ROAD Telephone _____
 Address FUQUAY VARINA, NC 27526 Email Address _____
19402-L
 License # _____

Mechanical/HVAC Contractor Information

Description of Work HEATING & AIR CONDITIONING
HVAC SPECIALIST Telephone (919) 669-9509
 Mechanical Contractor's Company Name _____
5843 COKESBURY ROAD Telephone _____
 Address FUQUAY VARINA, NC 27526 Email Address _____
22035
 License # _____

Plumbing Contractor Information

Description of Work Plumbing # Baths ONE (1)
CAIN'S PLUMBING Telephone (919) 552-6942
 Plumbing Contractor's Company Name _____
544 OAKRIDGE DUNCAN ROAD Telephone _____
 Address FUQUAY VARINA, NC 27526 Email Address _____
100001
 License # _____

Insulation Contractor Information

Homeowner
 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 **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.

David R Gilchrist
Signature of Owner/Contractor/Officer(s) of Corporation

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.

Sign w/Title: David R. Gilchrist Date: _____