

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/occupier or licensed contractor. Address, company name & phone must match

Application for Residential Building and Trades Permit

inform	nation on license.	2 / 227/	
	Owner's Name: 6109 Hobbs	Date: 3-1-2021	
	Site Address: 6216 Ponderosa Rd. Santon	NC 2 9332 Phone:	
	Subdivision: NONE	Lot:	
	Description of Proposed Work:	7_ Total Job Cost:	
	General Contractor Information		
	RMR Custom Homes INC.	919-775-2250	
	Building Contractor's Company Name	Telephone	
	3503 Cameron Dr. Santord NC 273	Telephone & alilly, rmawindstream.n	
	Address	Email Address	
	9593 HEATED SQ FT 3486 GARAGES	SQFT 470	
	License #		
	Description of Work New Construction Service Size	on 400 A T Dalay	
	7 00 1/2 2 1 1	: _/vv Amps I-Pole:YesNo	
	J.M. POPE Electric	919-776-3655	
	Electrical Contractor's Company Name 409 Whatham St. Santord WC 27330	Telephone electricpope e windstream.	
	Address		
	21326	Email Address	
	License #		
	Mechanical/HVAC Contractor Information	mation	
	Description of Work New Construction		
	Afterdable Heating + Air	919-770-32/20	
	Mechanical Contractor's Company Name	Telephone	
	2215 (cc Av, Sanford NC 27330	relephone	
	Address	Email Address	
	20046	Zilidii / Iddi 000	
	License #		
	Plumbing Contractor Informati	on //	
	Description of Work New Construction	#Baths 3/2	
	Neal + Howard Plumbing	919-775-3811	
	Plumbing Contractor's Company Name	Telephone	
	513 Wicker St. Sanford NC 27330		
	Address	Email Address	
	07977		
	License #		
	Insulation Contractor Informati	on 010 770 10741	
	Insulating INC	417-140-1977	
	Insulation Contractor's Company Name & Address	Telephone	

*NOTE: General Contractor / owner must fill out and sign the second page of this application.



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.

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 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: Mull/MAD & president Date: 3-1-2021