

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 information on license.

Application for Residential Building and Trades Permit

Owner's Name: Pro Craft Homes, Inc. Date: 10-10-20
 Site Address: ~~Metcalfe Creek~~ 238 Deer Path Rd Phone: 919-868-4461
 Subdivision: Therapist Ridge Lot: 2
 Description of Proposed Work: single family residence Total Job Cost: \$181,000.00

General Contractor Information

Pro Craft Homes, Inc. Telephone: 919-868-4461
 Building Contractor's Company Name
4605 Irene Way, Raleigh, NC 27603 Email Address: trak97@gmail.com
 Address
51393 HEATED SQ FT 1914 GARAGE SQ FT 489
 License # _____

Electrical Contractor Information

Description of Work new single family residence Service Size: 200 Amps T-Pole: Yes No
Amper Electric LLC Telephone: 919-625-0180
 Electrical Contractor's Company Name
510 Denning Road, Benson NC 27504 Email Address: amperelctricnc@yahoo.com
 Address
30129-i
 License # _____

Mechanical/HVAC Contractor Information

Description of Work new single family residence
My HVAC Guys LLC Telephone: 919-796-8129
 Mechanical Contractor's Company Name
646 Wood Valley Drive, Fair Oaks NC 27524 Email Address: myhvacguysnc@yahoo.com
 Address
34239
 License # _____

Plumbing Contractor Information

Description of Work new single family residence # Baths 2
Jason Barefoot Telephone: 910-514-0781
 Plumbing Contractor's Company Name
5476 Timothy Road, Dunn NC 28334 Email Address: jasonbarefoot@yahoo.com
 Address
20694-P-1
 License # _____

Insulation Contractor Information

Friends Insulation - 2001 Blount Creek Estates, Clayton NC Telephone: 919-291-2438
 Insulation Contractor's Company Name & Address 27520

***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.

Christopher T. Shan - President
Signature of Owner/Contractor/Officer(s) of Corporation

10/10/20
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: Christopher T. Shan - President Date: 10/10/20