



SFD

Application # 2010-0024

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: Kris and Kelly Swinson Date: 2-14-21
Site Address: 452 Rollins Mill Rd Phone: 919-427-1470
Subdivision: _____ Lot: 3
Description of Proposed Work: New Dwelling Total Job Cost: 400,000.00

General Contractor Information

Angel Structures Telephone: 919-427-0641
Building Contractor's Company Name
P.O. Box 982 Fu NC 27521 Email Address: awc@angelstructures.com
Address

71073 HEATED SQ FT _____ GARAGE SQ FT _____
License #

Electrical Contractor Information

Description of Work: New Home Service Size: 400 Amps T-Pole: Yes No
C-3 Elec
Electrical Contractor's Company Name Telephone: _____
P.O. Box 508 Clayton NC 27528 Email Address: S. Jones@W3Elec.com
Address: 11452-U
License #

Mechanical/HVAC Contractor Information

Description of Work: New Dwelling
Air System Services Telephone: 919-266-5755
Mechanical Contractor's Company Name
2849 Smithfield Rd Knightdale NC Email Address: F.Walker@airsystemservices.com
Address: 14737 27545
License #

Plumbing Contractor Information

Description of Work: New Dwelling # Baths: 4 baths
Capps Plumbing Telephone: 919-422-3660
Plumbing Contractor's Company Name
P.O. Box 597 Benson NC 27504
Address: 18214
License #

Insulation Contractor Information

Stephen Building Products Telephone: 919-937-8479
Insulation Contractor's Company Name & Address

***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.

Derek W. Carter
Signature of Owner/Contractor/Officer(s) of Corporation

2-16-21
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: *Derek W. Carter Pres* Date: *2-16-21*