

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 information on license.

Application for Residential Building and Trades Permit

| Owner's Name: A&G Residential, LLC | Date: <u>1/4/2021</u> | |
|--|--|--|
| Site Address: 140 Shepard Drive Linden, NC 28356 | Phone: 910-237-7944 | |
| Subdivision: Kenlan Farms | Lot: <u>059</u> | |
| Description of Proposed Work: <u>New Single Family Construction</u> | Total Job Cost: 148445.00 | |
| General Contractor Informat | | |
| A&G Residential, LLC | 910-237-7944 | |
| Building Contractor's Company Name | Telephone | |
| 916 Arsenal Ave Ste. B Fayetteville, NC 28305 | jamie@agresidentialnc.com | |
| Address | Email Address | |
| 80672 HEATED SQ FT ²⁵⁶⁵ GARAGE | SQ FT 427 | |
| License # | | |
| Electrical Contractor Informa Description of Work Single Family Electric Service Siz | <u>tion</u> e: <u>200 </u> Amps T-Pole: <u>X Y</u> es <u> No </u> | |
| Buford Electric | 910-491-4590 | |
| Electrical Contractor's Company Name | <u>910-491-4590</u> Telephone | |
| 2978 Gillespie Street Fayetteville, NC 28306 | inspections.bufordelectric@gmail.cor | |
| Address | Email Address | |
| 31424U | | |
| License # | | |
| Mechanical/HVAC Contractor Info | ormation | |
| Description of Work Single Family HVAC | | |
| Carolina Comfort Air , Inc. | 910-891-1239 | |
| Mechanical Contractor's Company Name | Telephone | |
| 703 N. Clinton Ave. Dunn, NC 28334 | carolinacomfortair@vahoo.com | |
| Address | Email Address | |
| 29077 H3-1 | | |
| License # | | |
| Plumbing Contractor Informa | tion | |
| | | |
| Description of Work Single Family Plumbing | # Baths <u>3</u> | |
| Dell Haire Plumbing | # Baths_3 910-429-9939 | |
| Dell Haire Plumbing Plumbing Contractor's Company Name | # Baths_3 910-429-9939 Telephone | |
| Dell Haire Plumbing Plumbing Contractor's Company Name PO Box 65048/ 620 Gillespie St. Fayetteville, NC 28306 | # Baths_3 910-429-9939 Telephone dellhaireplumbing@hotmail.com | |
| Dell Haire Plumbing Plumbing Contractor's Company Name PO Box 65048/ 620 Gillespie St. Fayetteville, NC 28306 Address | # Baths_3 910-429-9939 Telephone | |
| Dell Haire Plumbing Plumbing Contractor's Company Name PO Box 65048/ 620 Gillespie St. Fayetteville, NC 28306 Address 32886 P-1 | # Baths_3 910-429-9939 Telephone dellhaireplumbing@hotmail.com | |
| Dell Haire Plumbing Plumbing Contractor's Company Name PO Box 65048/ 620 Gillespie St. Fayetteville, NC 28306 Address | # Baths <u>3</u> 910-429-9939 Telephone <u>dellhaireplumbing@hotmail.com</u> Email Address | |
| Dell Haire Plumbing Plumbing Contractor's Company Name PO Box 65048/ 620 Gillespie St. Fayetteville, NC 28306 Address 32886 P-1 License # | # Baths <u>3</u> 910-429-9939 Telephone <u>dellhaireplumbing@hotmail.com</u> Email 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 <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> 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.

<u>Jenn Wagner</u> Signature of Owner/Contractor/Officer(s) of Corporation 1/4/2021 Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

_____ General Contractor _____ Owner ___X 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:

X 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.

<u>X</u> 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: | Jenn Wagner | Date: 1/4/2021 |
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