



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: 12/1/2020
Site Address: 190 Shepard Drive Linden, NC 28356 Phone: 910-237-7944
Subdivision: Kenlan Farms Lot: 057
Description of Proposed Work: New Single Family Construction Total Job Cost: \$137445.00

General Contractor Information

A&G Residential, LLC 910-237-7944
Building Contractor's Company Name Telephone
916 Arsenal Ave Suite B Fayetteville, NC 28305 jamie@agresidentialnc.com
Address Email Address
80672 **HEATED SQ FT** 2300 **GARAGE SQ FT** 401
License #

Electrical Contractor Information

Description of Work Single Family Electric Service Size: 200 Amps T-Pole: X Yes No
Buford Electric 910-491-4590
Electrical Contractor's Company Name Telephone
2978 Gillespie Street Fayetteville, NC 28303 inspections.bufordelectric@gmail
Address Email Address
31424U
License #

Mechanical/HVAC Contractor Information

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@yahoo.com
Address Email Address
29077 H-3-1
License #

Plumbing Contractor Information

Description of Work Single Family Plumbing # Baths 2.5
Dell Haire Plumbing 910-429-9939
Plumbing Contractor's Company Name Telephone
PO Box 65048/ 620 Gillespie St. Fay. NC 28306 dellhaireplumbing@hotmail.com
Address Email Address
32886 P-1
License #

Insulation Contractor Information

Tricity Insulation Inc. 334 E Mountain Dr. Fayetteville NC 28306 910-486-8855
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.

Jenn Wagner
Signature of Owner/Contractor/Officer(s) of Corporation

12/01/2020
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: Jenn Wagner Date: 12/01/2020