

Application #	
---------------	--

* 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. Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Il Olf licerise.	Date: 10.19.2020
Owner's Name: On Top Building Company LLC	
Site Address: 1265 Bill Avery Rd. Coats NC 27521	Lot: <u>5</u>
	LOL.
Description of Proposed Work: New Residential Dwelling	Total Job Cost: 4210,000
General Contractor Information	
On Top Building Company, LLC	919.201.1133 Telephone
Building Contractor's €ompany Name	
Address	<u>brandieveattev@gmail.co</u> m Email Address
71416 HEATED SQ FT 1614 GARAGE SQ F	1 489
License #	
Description of Work New Construction Res. Build Service Size: 2	OO_Amps T-Pole: VesNo
Description of Work Thew Construction 1821	919.894.5367
R. A. Jackson Electric Electrical Contractor's Company Name	Telephone
AM 27504	<u>rajackson electrice embara</u> mail.com Email Address
21144	
Licenso #	tion
Mechanical/HVAC Contractor informa	MOII
Description of Work New Construction Res. Build	222 222
Stephenson Heating and Air	919.329.0686
Mechanical Contractor's Company Name	Telephone
343 Shipwash Drive, Garner NC 27529 Address	<u>stephenson hvace aol.com</u> Email Address
18644	
License # Plumbing Contractor Information	1
	# Baths_2
Description of Work New Construction Res. Build	-
Plumbing Contractor's Company Name	919.496. 6929 Telephone
P.O. Box 1286, Youngsville NC 27596 Address	Whitesplumbing 16@ gmail.com Email Address
16941	
License #	n
Insulation Contractor Information	
Tatum Insulation Inc. 519 Old Drug Store Rd. Insulation Contractor's Company Name & Address Garner NC 27529	919.661.0999 Telephone
Insulation Contractor's Company Name & Address Garner NC 27527	* * * * * * * * * * * * * * * * * * *

*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.

10.19.2020

Blandie H. Reberton

	Signature of Owner/Contractor/Officer(s) of Corporation 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 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: Blandie H. Robertson, Owner