



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: JPL Properties Date: 10/22/20
Site Address: 170 E Main St. Coats NC Phone: 919 748-2284
Subdivision: N/A Lot: _____
Description of Proposed Work: New House Total Job Cost: 105,000.00

General Contractor Information

Turner Matthews Const. Inc. Telephone: 910 984-4028
Building Contractor's Company Name
1120 Carson Gregory Rd. Angier NC 27501 turner.matthews@gmail.com
Address
63204 **HEATED SQ FT** 853 **GARAGE SQ FT** N/A
License # _____

Electrical Contractor Information

Description of Work: New House Service Size: 200 Amps T-Pole: Yes No
Parler Electric Telephone: 910 984-6810
Electrical Contractor's Company Name
167 Stonehenge Drive Dunn NC
Address
331658-9P-5ED
License # _____

Mechanical/HVAC Contractor Information

Description of Work: New House Telephone: 910 897-5501
J+M Heating & Air
Mechanical Contractor's Company Name
724 Turlington Rd. Dunn NC
Address
17164
License # _____

Plumbing Contractor Information

Description of Work: New House # Baths: 1
Gilbert Plumbing Co. Telephone: 910 214-1274
Plumbing Contractor's Company Name
1638 Timothy Rd. Dunn NC
Address
10929
License # _____

Insulation Contractor Information

Insulating Inc Telephone: 919-772-9000
Insulation Contractor's Company Name & Address
1212 More Court Raleigh NC 27603

***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.

Tara M. Miller
Signature of Owner/Contractor/Officer(s) of Corporation

10/22/20
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: *Tara M. Miller Const. Inc. President* Date: 10/22/20