

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: Denise C. Matthews Date: 10-26-20
 Site Address: 102 Lilyanne Lane Coats NC 27521 Phone: 919 669 2572
 Subdivision: Denise C. Matthews Map 2018-339 Lot: # 6
 Description of Proposed Work: single family dwelling Total Job Cost: _____

General Contractor Information

Craig Matthews Realty Inc 910-890-4330
 Building/Contractor's Company Name Telephone
PO Box 399 Coats NC 27521
 Address Email Address
44664 **HEATED SQ FT 1358** **GARAGE SQ FT 451**
 License #

Electrical Contractor Information

Description of Work new house Service Size: 200 Amps T-Pole: Yes No
Parker Electric 910-984-6810
 Electrical Contractor's Company Name Telephone
167 Stone Henge Drive Dunn NC 28334
 Address Email Address
31658 SP-SFD
 License #

Mechanical/HVAC Contractor Information

Description of Work new house
Cold South Mechanical 919-800-7918
 Mechanical Contractor's Company Name Telephone
1929 NC 42 Hwy Willow Spring NC 27592
 Address Email Address
31355
 License #

Plumbing Contractor Information

Description of Work new house # Baths 2
Gilbert Plumbing Co Inc 910-214-1274
 Plumbing Contractor's Company Name Telephone
1638 Timothy Rd Dunn NC 28334
 Address Email Address
10929
 License #

Insulation Contractor Information

Insulating Inc. 1212 Home Court 919-772-9000
 Insulation Contractor's Company Name & Address Telephone
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.

Craig Matthews

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

10-26-20

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: *Craig Matthews President*

Date: *10-26-20*