

Application # ____SFD2012-0029

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

Application for Residential Building and Trades Permit

Owner's Name: Dennis and Denise Brewster	Date: <u>3/10/2021</u>	
	Phone: 252-944-7680	
Subdivision: Summerfield		
	Total Job Cost:\$60,800.00	
General Contractor Inform		
Freedom Constructors Inc of Dunn	910-892-1231	
Building Contractor's Company Name		
PO BOX 608, Dunn, NC 28334	STEVEJERNIGAN58@OUTLOOK.COM	
Address	Email Address	
11590 UL HEATED SQ FT 768 GARA	.GE SQ FT N/A	
License #		
Electrical Contractor Infor		
	Size: 200 Amps T-Pole: × Yes No	
Jason H Pope Electrical Contractors Electrical Contractor's Company Name	<u>919-820-0837</u> Telephone	
81 Beaver Creek Dr. Dunn, NC 28334		
Address	eek Dr. Dunn, NC 28334jhpelectrical@hotmail.com Email Address	
27284-U		
License #		
Mechanical/HVAC Contractor	Information_	
Description of Work <u>New SFD Mechanical</u>		
J & M Heating and Air Condition Co Inc	910-897-5501	
Mechanical Contractor's Company Name	's Company Name Telephone	
724 Turlington Rd. Dunn, NC 28334	I. Dunn, NC 28334 jandmhvac@centurylink.ne	
Address	Email Address	
L.17164		
License #		
Plumbing Contractor Infor		
Description of Work Plumb new SFD	# Baths1	
Gilbert Plumbing Co, Inc.	910-567-6361	
Plumbing Contractor's Company Name	Telephone	
1638 Timothy Rd, Dunn, NC 28334	gpci@intrstar.net	
Address	Email Address	
L.10929		
L.10929 License #	rmation	
L.10929	<u>rmation</u> 919-772-9000	

*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.

Timothy M. Tast Signature of Owner/Contractor/Officer(s) of Corporation

3/10/2021

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

Х 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: Timothy M. Tart	t Estimating Mgr	Date: 3/10/2021