

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.

510-555-7525 Tax 510-555-2755 WWW.hamett.org/permits

## Application for Residential Building and Trades Permit

| Owner's Name: Floyd Properties and Developme             | ent Date: 12/8/20                          |  |
|--|--|--|
| Site Address: 225 Education Drive, Spring Lake           | NC Phone: (910)423-6700                    |  |
| Subdivision: Anderson Creek Club                         | Lot: 1149                                  |  |
| Description of Proposed Work: New Construction Single    | _ Total Job Cost: \$\frac{9}{237, 440}     |  |
| General Contractor Information                           |  |  |
| Floyd Properties and Development                         | (910) 423-6700<br>Telephone                |  |
| 901 Assenal Avenue, Fay, NC 28305<br>Address             | juanitar Ofloyd prop. Con<br>Email Address |  |
| T4174 HEATED SQ FT 2968 GARAGE SO                        | FT 460                                     |  |
| Electrical Contractor Information                        |  |  |
| Description of Work New Construction Service Size:       | 200 Amps T-Pole: √YesNo                    |  |
| Buford Electric Electrical Contractor's Company Name     | (910) 723-1937<br>Telephone                |  |
| 2878 Gillespie St., Fay, NC 28306<br>Address             | bufordelectric agmail.com<br>Email Address |  |
| <u>31424-0</u><br>License #                              |  |  |
| Mechanical/HVAC Contractor Information                   |  |  |
| Description of Work New Construction                     |  |  |
| Chacco   | (910) 237-0779                             |  |
| Mechanical Contractor's Company Name                     | Telephone                                  |  |
| Address Dr., Fay, NC 28301                               | Chacco @ embargmail.com<br>Email Address   |  |
| <u>PH 2-3, 15708</u><br>License #                        |  |  |
| Plumbing Contractor Information                          |  |  |
| Description of Work New Construction                     | _# Baths3                                  |  |
| Vance Johnson Plumping                                   | (910) 424-6712                             |  |
| Plumbing Contractor's Company Name                       | Telephone                                  |  |
| 3242 Mid-Pine Dr., Fagetteville, NC 28306<br>Address     | Email Address                              |  |
| NC 7756  |  |  |
| License #  Insulation Contractor Information             |  |  |
| A-1 Insulation, Po Box 180, Hope mills                   | (910) 429-2990                             |  |
| Insulation Contractor's Company Name & Address NC 283 48 | 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.

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

[2/8/20] 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:   |  |  |