

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 or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: JRT Managing Porperties Date: 5/8/2020
 Site Address: 2887 Hobson Road Phone: 910-890-2769
 Subdivision: _____ Lot: B
 Description of Proposed Work: New Dwelling

General Contractor Information

Rid Gans
 JRT Managing Porperties 910-890-2769
 Building Contractor's Company Name Telephone
108 N. Orange Ave jrtmanagingproperties@gmail.co
 Address Email Address
79495
 License # _____

Electrical Contractor Information

Description of Work WRING NEW DWELLING Service Size: 200 Amps T-Pole: Yes No
Jason Pope 910-890-2769
 Electrical Contractor's Company Name Telephone
81 Beaver Creek Drive, Dunn, NC 28334 jhpelectrical@hotmail.com
 Address Email Address
27284
 License # _____

Mechanical/HVAC Contractor Information

Description of Work HVAC FOR NEW DWELLING
RANDY JACKSON
 Mechanical Contractor's Company Name Telephone
100 N. 13TH STREET ERWIN, NC 28339 rji11727@gmail.com
 Address Email Address
18512
 License # _____

Plumbing Contractor Information

Description of Work New dwelling # Baths 2
Brandon Haridison 919-669-7979
 Plumbing Contractor's Company Name Telephone
P.O. Box 45, Benson NC 27504 bsohardison@gmail.com
 Address Email Address
~~17359~~ 34260
 License # _____

Insulation Contractor Information

Tri-City 919-422-9927
 Insulation Contractor's Company Name & Address 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 Date _____

Affidavit for Worker's Compensation N.C.G.S. 87-14

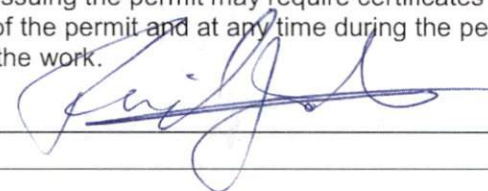
The undersigned applicant being the:

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:  _____ Date: _____