



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: Michael A. Hyder & Tracy E. Hyder Date: _____

Site Address: 00 Jackson Rd. Phone: (919) 219-1148 (M)

Subdivision: N/A Lot: 2

Description of Proposed Work: Const. of new single fam res Total Job Cost: \$420K

General Contractor Information

Grayson Dare Homes, Inc. (919) 489-5880

Building Contractor's Company Name

Telephone

1415 W HWY 54 Ste 215, Durham 27707

david@graysondare.com

Address

Email Address

48864

HEATED SQ FT 3280 **GARAGE SQ FT** 670

License #

Electrical Contractor Information

Description of Work Electrical Service Size: 200 Amps T-Pole: Yes No

Locklear & Sons (919) 563-5756

Electrical Contractor's Company Name

Telephone

4700 Mount willing Rd. Mebane NC 27302

locklearelectrical@gmail.com

Address

Email Address

06920

License #

Mechanical/HVAC Contractor Information

Description of Work HVAC

Airetime Cooling & Heating, Inc. (919) 542-1933

Mechanical Contractor's Company Name

Telephone

490 Chatham Forest Dr. Pittsboro NC 27312

keith@airetimenc.com

Address

Email Address

23922

License #

Plumbing Contractor Information

Description of Work Plumbing # Baths 4.5

Barbour Pourron Plumbing & Service Co. (919) 553-4455

Plumbing Contractor's Company Name

Telephone

P.O. Box 934 Clayton NC 27528

jeromy@bpplumbing.com

Address

Email Address

27132

License #

Insulation Contractor Information

Tatum Insulation (919) 661-0999

Insulation Contractor's Company Name & Address

Telephone

519 Old Drug Store Rd. Garner NC 27529

***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.

K. David Vivas

1-20-21

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: *Bridgett Faulen* / Office Manager Date: *1/26/2021*