

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: A&G Residential, LLC	Date: 02/15/2021
Site Address: 12 South Dakota Court Spring Lake, NC 28390	Phone: 910-237-7944
Subdivision: Sierra Village	Lot: <u>056</u>
Description of Proposed Work: Single Family New Construction	Total Job Cost: \$148445.00
General Contractor Information	on
A&G Residential, LLC	910-237-7944
Building Contractor's Company Name	Telephone
916 Arsenal Ave Suite B Fayetteville, NC 28305	jenn@agresidentialnc.com
Address	Email Address
80672L HEATED SQ FT 2300 GARAGE S	SQ FT 401
License #	
Electrical Contractor Informati	
	: 200 Amps T-Pole: X Yes No
Buford Electric	910-491-4590 Talanhana
Electrical Contractor's Company Name	Telephone
2978 Gillespie Street Fayetteville, NC 28306 Address	diane.bufordelectric@gmail.com Email Address
	Email Address
31424U License #	
Mechanical/HVAC Contractor Infor	mation
Description of Work Single Family HVAC	
Carolina comfort Air, Inc.	910-891-1239
Mechanical Contractor's Company Name	Telephone
703 N. Clinton Ave. Dunn, NC 28334	Carolinacomfortair@yahoo.com
Address	Email Address
29077 H3-1	
License #	
Plumbing Contractor Information	<u>on</u>
Description of Work Single Family Plumbing	# Baths_2.5
Dell HairePlumbing	910-429-9939
Plumbing Contractor's Company Name	Telephone
PO Box 65048/ 620 Gillespie St. Fay. NC 28306	dellhaireplumbing@hotmail.com
Address	Email Address
32886 P-1	
License #	·
Insulation Contractor Informat	
Tricity Insulation Inc. 334 E Mountain Dr. Fayetteville NC 28306	910-486-8855 Talanhana
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.

any and all changes.			
	nths to 2 years i	permit r	re-issue fee is \$150.00. After 2 years re-issue fee
is as per current fee schedule.			
Jenn Wagi	ner		02/15/2021
Jenn Wagi Signature of Owner/Contractor/C	officer(s) of Corp	oration	Date
	. ,		
		s Com	npensation N.C.G.S. 87-14
The undersigned applicant being	the:		
General Contractor	Owner	X	Officer/Agent of the Contractor or Owner
			_ 0
	es of perjury tha	t the pe	erson(s), firm(s) or corporation(s) performing the work
set forth in the permit:			
X Has three (3) or more emi	olovees and has	obtain	ned workers' compensation insurance to cover them.
	,		
Has one (1) or more subc	ontractors(s) an	d has o	obtained workers' compensation insurance to cover
them.			
Y	t (-)	- b t	their arm nelies of mentane' commencetion increases
covering themselves.	ontractors(s) wh	o nas u	their own policy of workers' compensation insurance
covering themselves.			
Has no more than two (2)	employees and	no sub	ocontractors.
			ight it is understood that the Central Permitting
			of coverage of worker's compensation insurance prior
carrying out the work.	arry urne during	nie berr	mitted work from any person, firm or corporation
carrying out the work.			
Sign w/Title:	Jenn W	agner	Date: 02/15/2021