

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: Evan + Patricia Bernard Date: 6-8-21
 Site Address: 1594 Joscy Williams Rd Evin 28339 Phone: 919-771-7917
 Subdivision: _____ Lot: _____
 Description of Proposed Work: NEW SFD Home Total Job Cost: 190,480.00

General Contractor Information

Red Door Homes (STEVEN) 919-630-1150
 Building Contractor's Company Name Telephone
12809 US 70 Bys. Clayton NC 27520 sguin@reddoorhomesnc.com
 Address Email Address
79810 **HEATED SQ FT 1608** **GARAGE SQ FT 375**
 License #

Electrical Contractor Information

Description of Work SFD Service Size: 200 Amps T-Pole: Yes No
Ogilvie Enterprises 919-337-7633
 Electrical Contractor's Company Name Telephone
5325 Hildewell Place Apex, NC 27539 ogilvieelectric1994@gmail.com
 Address Email Address
17046-0
 License #

Mechanical/HVAC Contractor Information

Description of Work SFD
Carolina Comfort Air 919-550-7711
 Mechanical Contractor's Company Name Telephone
5212 US 70 Bys Clayton, 27520 jess.cavanaugh@carolinacomfortair.com
 Address Email Address
31589
 License #

Plumbing Contractor Information

Description of Work SFD # Baths 2
David Baker Plumbing 919-422-5920
 Plumbing Contractor's Company Name Telephone
2245 NC 39 Zebulon NC 27597 dbakerplumbing@aol.com
 Address Email Address
8704
 License #

Insulation Contractor Information

31W 919-500-3650
 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: _____



R. H. S.

Date: _____

6-8-21