



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: CHRIS HOLLINS Date: 3/8/21
Site Address: 228 REGAL CREST DRIVE Phone: 919-219-9530
Subdivision: REGAL CREST Lot: 9
Description of Proposed Work: NEW RESIDENCE Total Job Cost: 8450,000

General Contractor Information

NC Custom Homes Telephone: 919-946-3662
Building Contractor's Company Name: FUDWAY
1508 MYCENAE PL, VARINA, NC Address: 27520 Email Address: dozier@nc.rr.com
61623 HEATED SQ FT: 3132 GARAGE SQ FT: 977
License #: _____ 3408 decided to finish bonus room

Electrical Contractor Information

Description of Work: NEW RESIDENCE Service Size: 400 Amps T-Pole: Yes No
AMETIC ELECTRIC Telephone: 919-524-9879
Electrical Contractor's Company Name: FUDWAY
622 SUNSET RD, VARINA Address: _____ Email Address: _____
22335-L
License #: _____

Mechanical/HVAC Contractor Information

Description of Work: NEW RESIDENCE
CAROLINA AIR CONDITIONING Telephone: 919-683-2421
Mechanical Contractor's Company Name: _____
641 S. NEW HOPE RD, RALEIGH, NC Address: 27610 Email Address: _____
22084
License #: _____

Plumbing Contractor Information

Description of Work: NEW RESIDENCE # Baths: 4 1/2
WAGNER PLUMBING Telephone: (910) 890-2299
Plumbing Contractor's Company Name: _____
PO Box 494 MAMERS, NC Address: 27552 Email Address: _____
31576
License #: _____

Insulation Contractor Information

INSULATING INC., 1212 Home Ct Telephone: 919-772-9000
Insulation Contractor's Company Name & Address: RALEIGH

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

3/8/21
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: *[Signature] / mgr. / owner* Date: 3/8/21