

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: 03/09/2021		
Site Address: 74 Tanna Place Cameron NC 28326	Phone: 910-779-0229		
Subdivision: Forest Ridge	Lot: 036		
Description of Proposed Work: New Single Family Construction			
General Contractor Inform	mation		
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 2865 GARA	ARAGE SQ FT 428		
License #			
Electrical Contractor Info			
	Size: 200 Amps T-Pole: x Yes No		
Buford Electric	910-491-4590 Talandan		
Electrical Contractor's Company Name	Telephone		
2978 Gillespie Street Fayetteville, NC 28306	diane.bufordelectric@gmail.com		
Address	Email Address		
License #  Mechanical/HVAC Contractor  Description of Work Single Family HVAC	<u>Information</u>		
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 Info	<u>rmation</u>		
Description of Work Single Family Plumbing	# Baths_3		
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 Info	<u>rmation</u>		
Tricity Insulation Inc. 334 E Mountain Dr. Fayetteville NC 28306	910-486-8855		
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.				
EXPIRED PERMIT FEES -	<mark>6 Months to 2 years permit re-issu</mark>	le fee is \$150.00.	After 2 years re-issue fee	
is as per current fee schedu	<mark>le.</mark>			
Jenn	1 Wagner stor/Officer(s) of Corporation	03/09/2021		
Signature of Owner/Contract	tor/Officer(s) of Corporation	Date		
9	, ,			
Λ ffi o	lavit for Warker's Compan	cation N C G S	2 97 11	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:				
The undersigned applicant t	being the.			
Caparal Captractor	Owner Y Offi	oor/Agont of the C	Contractor or Owner	
General Contractor	Owner X Office	sel/Agent of the C	Ontractor of Owner	
De bereby confirm under penaltics of perjury that the person(s) firm(s) or corporation(s) performing the work				
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work				
set forth in the permit:				
X Has three (3) or more	e employees and has obtained wo	rkors' componenti	ion incurance to cover them	
Has tillee (3) of fillore	employees and has obtained wo	rkers compensau	on insurance to cover them.	
Has one (1) or more	subcontractors(s) and has obtaine	ad workers' compe	ensation insurance to cover	
them.	subcontractors(s) and has obtained	d workers compe	risation insurance to cover	
mem.				
Y Has one (1) or more	subcontractors(s) who has their o	wn policy of works	ore' componention incurance	
X Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.				
covering memserves.				
Has no more than tw	(2) ampleyees and no subcentre	actoro		
Has no more than two (2) employees and no subcontractors.				
While warding on the preject for which this populities cought it is underested that the Control Demoisting				
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				
•	d at any time during the permitted	work from any pe	rson, iiiii or corporation	
carrying out the work.				
Sign w/Title:	Jenn Wagner		Date: 03/09/2021	
Sign w/Title:	() eriri rvolyrier		Date. <u>03/09/2021</u>	