

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	
nformation on license.	

Application for Residential Building and Trades Permit

Owner's Name: A&G Residential, LLC	Date: 03/09/2021		
Site Address: 153 Tanna Place Cameron NC 28326	Phone: 910-779-0229		
Subdivision: Forest Ridge			
Description of Proposed Work: New Single Family Construction	Total Job Cost: <u></u>		
General Contractor Info	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 2565 GAR	AGE SQ FT 427		
License #			
Electrical Contractor Info Description of Work			
Buford Electric	010 101 1700		
Electrical Contractor's Company Name			
2978 Gillespie Street Fayetteville, NC 28306 Address	diane.bufordelectric@gmail.com Email Address		
31424U License #			
	Information		
Mechanical/HVAC Contractor	Information		
Mechanical/HVAC Contractor Description of Work Single Family HVAC	010 001 1000		
Mechanical/HVAC Contractor Description of Work Single Family HVAC Carolina comfort Air, Inc. Single Family HVAC	910-891-1239		
Mechanical/HVAC Contractor Description of Work Single Family HVAC Carolina comfort Air, Inc. Mechanical Contractor's Company Name	910-891-1239 Telephone		
Mechanical/HVAC Contractor Description of Work Single Family HVAC Carolina comfort Air, Inc. Mechanical Contractor's Company Name 703 N. Clinton Ave. Dunn, NC 28334 Mechanical Contractor's Company Name	910-891-1239 Telephone Carolinacomfortair@yahoo.com		
Mechanical/HVAC Contractor Description of Work Single Family HVAC Carolina comfort Air, Inc. Mechanical Contractor's Company Name 703 N. Clinton Ave. Dunn, NC 28334 Address	910-891-1239 Telephone		
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Mechanical/HVAC Contractor Description of Work Single Family HVAC Carolina comfort Air, Inc. Mechanical Contractor's Company Name 703 N. Clinton Ave. Dunn, NC 28334 Address 29077 H3-1	910-891-1239 Telephone Carolinacomfortair@yahoo.com Email Address		
Mechanical/HVAC Contractor Description of Work Single Family HVAC Carolina comfort Air, Inc. Mechanical Contractor's Company Name 703 N. Clinton Ave. Dunn, NC 28334 Address 29077 H3-1 License # Plumbing Contractor Info	910-891-1239 Telephone <u>Carolinacomfortair@yahoo.com</u> Email Address		
Mechanical/HVAC Contractor Description of Work Single Family HVAC Carolina comfort Air, Inc. Mechanical Contractor's Company Name 703 N. Clinton Ave. Dunn, NC 28334 Address 29077 H3-1	910-891-1239 Telephone Carolinacomfortair@yahoo.com Email Address ormation # Baths 3		
Mechanical/HVAC Contractor Description of Work Single Family HVAC Carolina comfort Air, Inc. Mechanical Contractor's Company Name 703 N. Clinton Ave. Dunn, NC 28334 Address 29077 H3-1	910-891-1239 Telephone <u>Carolinacomfortair@yahoo.com</u> Email Address		
Mechanical/HVAC Contractor Description of Work Single Family HVAC Carolina comfort Air, Inc. Mechanical Contractor's Company Name 703 N. Clinton Ave. Dunn, NC 28334 Address 29077 H3-1	910-891-1239 Telephone Carolinacomfortair@yahoo.com Email Address prmation # Baths 3 910-429-9939 Telephone		
Mechanical/HVAC Contractor Description of Work Single Family HVAC Carolina comfort Air, Inc. Mechanical Contractor's Company Name 703 N. Clinton Ave. Dunn, NC 28334 Address 29077 H3-1 Plumbing Contractor Info Description of Work Single Family Plumbing Dell HairePlumbing Plumbing Contractor's Company Name PO Box 65048/ 620 Gillespie St. Fay. NC 28306 Address	910-891-1239 Telephone Carolinacomfortair@yahoo.com Email Address prmation # Baths 3 910-429-9939		
Mechanical/HVAC Contractor Description of Work Single Family HVAC Carolina comfort Air, Inc. Mechanical Contractor's Company Name 703 N. Clinton Ave. Dunn, NC 28334 Address 29077 H3-1	910-891-1239 Telephone Carolinacomfortair@yahoo.com Email Address mation # Baths 3 910-429-9939 Telephone dellhaireplumbing@hotmail.com		
Mechanical/HVAC Contractor Description of Work Single Family HVAC Carolina comfort Air, Inc. Mechanical Contractor's Company Name 703 N. Clinton Ave. Dunn, NC 28334 Address 29077 H3-1 Eicense # Description of Work Single Family Plumbing Description of Work Single Family Plumbing Dell HairePlumbing Plumbing Contractor's Company Name PO Box 65048/ 620 Gillespie St. Fay. NC 28306 Address 32886 P-1 License #	910-891-1239 Telephone <u>Carolinacomfortair@yahoo.com</u> Email Address ormation # Baths <u>3</u> 910-429-9939 Telephone <u>dellhaireplumbing@hotmail.com</u> Email Address		
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Mechanical/HVAC Contractor Description of Work Single Family HVAC Carolina comfort Air, Inc.	910-891-1239 Telephone <u>Carolinacomfortair@yahoo.com</u> Email Address ormation # Baths <u>3</u> 910-429-9939 Telephone <u>dellhaireplumbing@hotmail.com</u> Email Address		

*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 <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> 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.

<u>Jenn Wagner</u> Signature of Owner/Contractor/Officer(s) of Corporation 03/09/2021

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

_____ General Contractor _____ Owner ___X 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:

X 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.

<u>X</u> 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:	Jenn Wagner	Date:	03/09/2021
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