

Application # _____

Harnett County Central Permitting

* 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. PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: A&G Residential, LLC	Date: 04/01/2021	
Site Address: 116 South Dakota Court Spring Lake NC 28390	Phone: 910-237-7944	
Subdivision: Sierra Village	Lot: 050	
Description of Proposed Work: Single Family New Construction	Total Job Cost: _\$162195.00	
General Contractor Informat	tion_	
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 GARAGE	AGE SQ FT 427	
License #		
Electrical Contractor Informa		
Description of Work Single Family Electric Service Size	·	
Buford Electric 910-491-4590		
Electrical Contractor's Company Name		
2978 Gillespie Street Fayetteville, NC 28306	diane.bufordelectric@gmail.com	
Address	Email Address	
31424U		
License # Mechanical/HVAC Contractor Info	ormation	
	Jimadon	
Description of Work Single Family HVAC		
Carolina comfort Air, Inc.		
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 Informa	ation	
Description of Work Single Family Plumbing	# Baths <u>3</u>	
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 Information	ation	
ricity Insulation Inc. 334 E Mountain Dr. Fayetteville NC 28306 910-486-8855 sulation Contractor's Company Name & Address Telephone		
modiation contractors company Name & Address	i giehiioiie	

*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.	11			
EXPIRED PERMIT FEES - 6 Mont	ins to 2 years permit re-	issue fee is \$150.00. After 2	2 years re-issue fee	
is as per current fee schedule.				
Jenn Waan	o.v	04/01/2021		
Jenn Wagn Signature of Owner/Contractor/Off	icer(s) of Corporation	Date		
Signature of Owner/Contractor/On	icer(s) or corporation	Date		
A ffidovit f	for Worker's Comp	oncetion N.C.C.S. 97	1.1	
	-	ensation N.C.G.S. 87-	14	
The undersigned applicant being t	ile.			
General Contractor	Owner X (Officer/Agent of the Contrac	tor or Owner	
Concrat Contractor	OWNER	Omeen/Agent of the Contrac	tor 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.				
X 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.				
\A/bila wasking on the preject for w	hiah thia namait ia aawah	t it is condenstand that the Co	natural Dannaittina	
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.	ly time during the permit	tted work from any person, i	init of corporation	
our ying out the work.				
Sign w/Title	Jenn Waaner	Dat	e· 04/01/2021	