Application #

Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match

## Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits

Application for Residential Building and Trades Permit

phone must match		12/21
Owner's NameFI	oyd Properties and Development	Date <u>6/7/2</u>
Site Address _258	28390 (910) 423-6700	
Directions to job site fr	rom Lillington	28390
1		
		Lot 1135
Description of Proposed Work New Construction		# of Bedrooms
Heated SF 3156 U	Inheated SF 471 Finished Bonus Room?	Crawl Space Slab
Floyd Propertie	25 and Development Company Name	(910) 423-6700 Telephone
901 Arsenal Ave Address	enve, Fagetteville, NC 2830.5	Email Address
74172 License #		
Description of Work	New Construction Service Size	200 Amps T-PoleYesNo
Buford Electr	-A	(910) 818 -0994
Electrical Contractor's Company Name		Telephone
2978 Gillespie Address	Street, Fayetteville, NC 28306	Email Address
31424-0		
License #	Mechanical/HVAC Contractor Inform	nation
Description of Work	New Construction	
Chacco, Inc.		(910) 237-0779
Mechanical Contractor's Company Name		Telephone
1910 Pamabee I Address	Drive Fayetteville, NC 28301	Chacco @ embarg mail.com Email Address
PH 2-3, 1510	8	104 224
License #	Plumbing Contractor Information	on .
December of Work	and the same of th	# Baths 3,5
	New Construction	(910) 424-6712
Plumbing Contractor's Company Name		Telephone
P.O. Box 64307, Fayetteville, NC 28306 Address		e blanchard a viplumbing. com Email Address
NC 7756		
License #		
A-1 Insulation	s Company Name & Address	(96) 429-2990 Telephone

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			
Company or Name Floyd Properties and Development			
Sign w/Title Construction Coordinator Date 6/7/2			