



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: ALLISON MARSHALL Date: _____
Site Address: 6399 OLD STAGE RD N ANGLER NC 27501 Phone: 336-682-8399
Subdivision: _____ Lot: _____
Description of Proposed Work: SINGLE FAMILY HOME Total Job Cost: 150,000.00

General Contractor Information

HOLLEMAN HOMES 919-622-1635
Building Contractor's Company Name Telephone
204 SCHOLL ST F-V NC 27526 919 TODD @ 6MAIL.COM
Address Email Address
41028 HEATED SQ FT 1620 GARAGE SQ FT 1000 (CAR PORT)
License # 768

Electrical Contractor Information

Description of Work ALL ELECT FOR HOME Service Size: 200 Amps T-Pole: Yes No
PETER BURRIDGE 919-398-0073
Electrical Contractor's Company Name Telephone
65 TRELIS CT LILLINGTON NC 27546 PBURRIDGE @ GAYLOR.NET
Address Email Address
621993
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC
POLAR BEAR HVAC 910-984-6059
Mechanical Contractor's Company Name Telephone
55 E. MAIN ST COATS NC 27521 POLARBEARHVAC @ YAHOO.COM
Address Email Address
30648
License #

Plumbing Contractor Information

Description of Work PLUMBING # Baths 2
AMBIT PLUMBING 919-434-1379
Plumbing Contractor's Company Name Telephone
755 ROCK PILLAR RD CLAYTON NC 27520 CONTACTAMBIT @ 6MAIL.COM
Address Email Address
20823
License #

Insulation Contractor Information

INSULATING INC 5902 FAYETTEVILLE RD # 4530 919-772-9000
Insulation Contractor's Company Name & Address Telephone
RALPH NC
27603

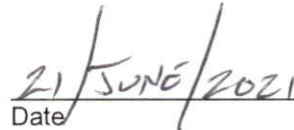
*NOTE: General Contractor / owner must fill out and sign the second page of this application.



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 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:

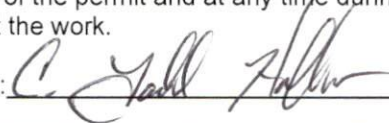
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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.

Sign w/Title: 

Date: 