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

Owner's Name Day a & Carolina Cooke	Date 18 10 81
Site Address 584 Prauril LN	Phone 910.3(0(0 10.398
Directions to job site from Lillington	
,	
Subdivision	Lot
Description of Proposed Work NEW SFD	# of Bedrooms 3
Heated SF 2150 Unheated SF 480 Finished Bonus Room	Crawl Space V Slab
General Contractor Informa	
Building Contractor's Company Name	910-672-8900 Telephone
4002 Faretteville Rd. Parforn. NC28	
Address	Email Address
109945	
License #	etion
Description of Work NCW Service Si	ze 200 Amps T-Pole VYes No
JM Pope	919-110-3144
Electrical Contractor's Company Name	Telephone
409 Chatham St. Sanford NC27330	marshallpope74@gmaul.com
Address 21220	Email Address
License #	
Mechanical/HVAC Contractor Info	ormation
Description of Work NEW Install	0 . 0
Certified Heating & Air	910-818-0000
Mechanical Contractor's Company Name PO BOX 1071 HODE MILLS, NC 28348	Telephone
Address	Chrin-Certifico Egmall.com
H3CI-20012	
License #	
Plumbing Contractor Informat	The state of the s
Description of Work NEW Install	# Baths
Plumbing Contractor's Company Name	919-015-1941 Telephone
PO BOX 1045 Dunn NC 28335	business@titansplumbing.col
Address	Email Address
34800	
License # Insulation Contractor Informati	on
Cumberland Insulation	910-484-7118
nsulation Contractor's Company Name & Address	Telephone
4205 Clinton Rd Fayetteville, NC 28312	Cumberlandinsulation@gmaul.cor
*NOTE General Contractor must fill out and sign the second page of this application	

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 Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the V 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

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