



Application # _____

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

* 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: Denise Owens Date 8-25-21
Site Address: 1813 Chalybeate Springs Rd Angier, NC 27501 Phone (919) 753-5277
Subdivision: _____ Lot _____

Description of Proposed Work: Rebuild Fire Damaged house w/ additions Total Job Cost \$196,000
General Contractor Information

Turn Key Restoration (919) 201-0397
Building Contractor's Company Name Telephone
PO Box 1965 Fuquay Varina, N.C. 27526 Turnkeyrestoration@yahoo.com
Address Email Address
66099 HEATED SQ FT 1767 GARAGE SQ FT 293
License #

Electrical Contractor Information

Description of Work Rewire complete Service Size: 200 Amps T-Pole: Yes No
All wired up (919) 753-7538
Electrical Contractor's Company Name Telephone
100 Waters Way Lillington, N.C. 27546 Allwiredup@live.com
Address Email Address
22589-L
License #

Mechanical/HVAC Contractor Information

Description of Work Install split system Heat Pump
Barco mechanical (919) 557-3454
Mechanical Contractor's Company Name Telephone
122 Philemon Dr. Fuquay Varina, N.C. 27526 barnold@barcomechanical.com
Address Email Address
18460
License #

Plumbing Contractor Information

Description of Work Plumb complete # Baths 2
Camden Plumbing & Repair (919) 669-4650
Plumbing Contractor's Company Name Telephone
PO Box 1250 Fuquay Varina, N.C. 27526 Camdensplumbing@aol.com
Address Email Address
18903-P1
License #

Insulation Contractor Information

Prime Energy Group 2300 Westhlyhouse Blvd (919) 821-3288
Insulation Contractor's Company Name & Address Telephone
Raleigh, N.C. 27604

*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.

Richard Ogilvie (Richard Ogilvie) 8-25-21
 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: Richard Ogilvie - owner Date: 8-25-21