

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.

Ma 8/29/21
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: MARTY SCOTT MARTY PRESIDENT Date: 8/29/21



* 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 # ____ Harnett County Central Permitting PO Box 65 Lillington, NC 27546

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

Application for Residential Building and Trades Permit

or noense,		
Owner's Name: ANDREW & BRITIARY JONES Site Address: 473 FRED BURNS RD HOLLY SPA	Date: 8/29/21	
Site Address: 473 FRED BURNS RD HOLY SP	2.LNGS Phone:	
	Lot: _N/A	
Description of Proposed Work: NEW RESIDEMIAL HOME	Total Job Cost:	
General Contractor Information		
MARRIAN CHETAM Hans Ton		
MARANAH CUSTOM HOMES, INC Building Contractor's Company Name	919-868-5150 Telephone	
8129 STILBREEZE DR, FUGUAY-VANINA, NCZ752	A A B ANTA ULLOMES PLACE CO	
Address	Email Address	
59752 HEATED SQ FT 3447 GARAGE SC		
License # HEATED SQ FT 3447 GARAGE SC	DFT 622	
Electrical Contractor Information		
Description of Work NEW SINGLE FAMILY Service Size:	400 Amps T-Pole: YesNo	
MARRY ELECTRICAL	919-291-5361	
Electrical Contractor's Company Name	Telephone	
731 MABRY RD ANGIER, NC		
Address	Email Address	
<u> 150770 </u>		
License #		
Mechanical/HVAC Contractor Information		
Description of Work NEW SYSTEM		
CASEY Senuices HVAC Mechanical Contractor's Company Name	919-556-3338	
Mechanical Contractor's Company Name	<u>919-556-3338</u> Telephone	
4500 PURNELL RD WAKE FOREST, NC	5	
Address	Email Address	
<u>10540 - H3</u> License #		
Plumbing Contractor Information		
Description of Work NEW RESIDENTIAL	_# Baths	
CAPPS PLUMBING	9/9-963-2204 Telephone	
Plumbing Contractor's Company Name	Telephone	
40 010 301 RO. FOUX DAKS, NC	*	
Address	Email Address	
18214		
License #		
Insulation Contractor Information		
INSULATING INC	919-772-9000	
Insulation Contractor's Company Name & Address	Telephone	

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