



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 or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Summer Potter Date: 1-11-2021
Site Address: 919 Purfoy Rd, Fughay-Varing, NC 27520 Phone: 919-268-3753
Subdivision: Vickey Lynn Har. Lot: 1
Description of Proposed Work: New off frame Modular with 8x20 A-Frame porch.

General Contractor Information

Moderna Housing
Building Contractor's Company Name 919-451-1986 Telephone
4046 U.S. Navy YOE, Goldsboro, NC 27531 Address Scott.d.mcclain2@gmail.com Email Address
76081 License #

Electrical Contractor Information

Description of Work wire off frame Modular Service Size: 200 Amps T-Pole: Yes No
Nathan Ray Lane
Electrical Contractor's Company Name 919-436-2917 Telephone
PO Box 11524, Goldsboro, NC 27532 Address raylane54@yahoo.com Email Address
23238L License #

Mechanical/HVAC Contractor Information

Description of Work Install HVAC for split system & duct
Collins Heating & Cooling
Mechanical Contractor's Company Name 919-584-3742 Telephone
3403 Catherine St, Goldsboro, NC 27530 Address ecollins@collinsheatandcool.com Email Address
28643 License #

Plumbing Contractor Information

Description of Work plumb modular # Baths 2
MPT Driveways and Septic, Inc.
Plumbing Contractor's Company Name 919-658-5170 Telephone
3510 Summerlins Crossroads Rd, Mt. Olive, NC 28365 Address Maxph26@gmail.com Email Address
24198 License #

Insulation Contractor Information

Insulation Contractor's Company Name & Address _____ Telephone _____

*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]
Signature of Owner/Contractor/Officer(s) of Corporation

Date 1-11-2022

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: *[Signature]* GM Date: 1-11-2022