

Application #	

* 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. 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: 1cyle & Nicole Pendergraft	Date: _ ဉ-/ဖု ၁
Site Address: 1049 Food Burns Rd Holly Spring	<u> 27540</u> Phone: <u>919-21४-977%</u>
Subdivision:	Lot:
Description of Proposed Work: New Comb - SFD - Wo 1	3000 Total Job Cost: ★240 000
General Contractor Inform	• •
Southern Tide Homes	919-369-7804
Building Contractor's Company Name	Telephone
11917 NO Hay 210 Benson NC 27504 Address	Clare southen tide homes . net Email Address
HEATED SQ FT S27 GARA License #	GESOFT 459
Electrical Contractor Infor	
Description of Work Service	Size: <u>305</u> Amps T-Pole: X Yes No
Common Ground Electric	919-478-3042 Talanhana
Electrical Contractor's Company Name	Telephone
Address	Common gound exchice amil. Com Email Address
32654	
License # Mechanical/HVAC Contractor	Information
Description of Work	
•	919-796-8129
My Hvoc Cuys Mechanical Contractor's Company Name	Telephone
304 Statts M:11 RJ Mendell 2759) Address	brandon. baker@myhvarquysne.co Email Address
_% 4239	
License #	
Plumbing Contractor Info	
Description of Work	
Plumbing Contractor's Company Name	<u>919-669-8860</u> Telephone
P.O. Box 943 Cocts, Mc 27521 Address	<u>denskul 20 grail. Com</u> Email Address
22163 License #	, , , , , , , , , , , , , , , , , , ,
Insulation Contractor Info	<u>rmation</u>
Insulating, Inc/ 5902 Forethaville Rd Rhigh	919-772-900
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 of Owner/Contractor/Officer(s) of Corporation

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:		