

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

Application for Residential Building and Trades Permit

Owner's Name: Wicker Construction Corp. Date: 11-4-21
 Site Address: 0 Ponderosa RD Lot 3 Phone: 919-356-8585
 Subdivision: Lyon Builders Lot: 3
 Description of Proposed Work: new construction Total Job Cost: 350,000⁰⁰

General Contractor Information

Wicker Construction Corp. 919-356-8585
 Building Contractor's Company Name Telephone
2804 Carbondon RD Sanford NC 27330 brittenwicker@yahoo.com
 Address Email Address
63744 **HEATED SQ FT 3375 GARAGE SQ FT 472**
 License #

Electrical Contractor Information

Description of Work SFD Service Size: 200 Amps T-Pole: Yes No
Wester & Pace Electric INC 919-499-3946
 Electrical Contractor's Company Name Telephone
614 Leslie Rd
 Address Email Address
12007-0
 License #

Mechanical/HVAC Contractor Information

Description of Work SFD
Certified Heating & Air Conditioning 910-858-0000
 Mechanical Contractor's Company Name Telephone
P.O. Box 1071 Hope Mills NC 28348 certifiedheatingandair@gmail.com
 Address Email Address
H3C1-20012
 License #

Plumbing Contractor Information

Description of Work SFD # Baths 5
McDonald Plumbing 919-770-0773
 Plumbing Contractor's Company Name Telephone
5321 Swanns Station Rd Sanford
 Address Email Address
11824
 License #

Insulation Contractor Information

Tatum Insulation 704-502-2502
 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.

Bow

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

11-4-21

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: *Bow President* Date: *11-4-21*