

Application # _____

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

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

Application for Residential Building and Trades Permit

Site Address: 187 Harvey Lane, Coats, NC 275-04 Phone 919-614-3 Subdivision: N/A Lot N/A	
	836
4	
Description of Proposed Work: New SFD Total Job Cost #175,000.	ec_
General Contractor Information	
Marshall Johnson Construction Jac. 919-427-7/11 Building Contractor's Company Name Telephone	
283 Banner Elk Ad. Benson NC 27508 Mijeon struction Brusn.c Address Email Address	on.
55274 HEATED SQ FT /324 GARAGE SQ FT 378	
License # Electrical Contractor Information	
Description of Work Wile New Home Service Size: 200 Amps T-Pole: VYes	No
Electrical Contractor's Company Name The Electrical Contractor's Company Name 919-524-7384 Telephone	
541 Graham Port Rd. Angier NC 27501 Tweetricsve & gmail. Address Email Address	wa
L 19725	
License # Mechanical/HVAC Contractor Information	
Description of Work 1/2 / hours 14-24	
Description of Work New home 1+V1-C Rearland Harting Air To 918-894-4248	
Beasley's Heating + Air, Fac. Mechanical Contractor's Company Name 919-894-4248 Telephone	_
Beasley's Heating + Air, Fac. Mechanical Contractor's Company Name 57 WC Beasley Ln. Coats, NC 27521 Address 9497 Email Address	_
Beasley's Heating + Air, Fac. Mechanical Contractor's Company Name 57 WC Beasley Ln. Coats, NC 27521 Address 9497 License #	_
Beasley's Heating + AiR, Finc. Mechanical Contractor's Company Name 57 WC Beasley Ln. Coats, NC 27521 Address 919-894-4248 Telephone beasleys hrae & Hol. com Email Address Plumbing Contractor Information	_
Beasley's Heating + Air, Fac. Mechanical Contractor's Company Name 57 WC Beasley Ln. Coats, NC 27521 Address 9497 License # Plumbing Contractor Information Description of Work Mamb New Home #Baths 2 Jevenny Dale Williford 919-894-4248 Telephone beasleys hvac & Hol. com Email Address #Baths 2 919-915-0533	
Beasley's Heating + Air, Fac. Mechanical Contractor's Company Name 57 WC Beasley Ln. Coats NC 27521 Address 9497 License # Plumbing Contractor Information Description of Work Manb New Home # Baths 2	
Beasley's Herring + Air, Fac. Mechanical Contractor's Company Name 57 W C Beasley Ln. Coats, NC 27521 Address 9497 License # Plumbing Contractor Information Description of Work Mumb New Hone #Baths 2 Tevern Dale Williford 919-915-0577 Plumbing Contractor's Company Name 3084 Bailey's Gossicals LD. Beason, NC 27500 Address 30747	
Beasley's Henry + Air, Inc. Mechanical Contractor's Company Name 57 W C Beasley Ln. Coarts NC 27521 Address 9497 License # Plumbing Contractor Information Description of Work Mumb New Home # Baths 2 Jeremy Pale Williford 919-915-0577 Plumbing Contractor's Company Name 3084 Bailey's Crossicals H. Benson NC 2750r Address Address	



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

The unders	Affidavit for Worker's Compensation N.C.G.S. 87-14 signed applicant being the:
G	eneral Contractor Owner Officer/Agent of the Contractor or Owner
Do hereby set forth in	confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work the permit:
Has	three (3) or more employees and has obtained workers' compensation insurance to cover them.
them.	one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover
Has covering th	one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance emselves.
Has	no more than two (2) employees and no subcontractors.
Departmen	ing on the project for which this permit is sought it is understood that the Central Permitting t issuing the permit may require certificates of coverage of worker's compensation insurance prior of the permit and at any time during the permitted work from any person, firm or corporation to the work.
Sign w/Title	: Mashelflim, president Date: 3-29-22