

Application # _____

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

* 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: Ken Dawson Homes Inc. | Date <i>OS-OS-303-3</i> _ |
|--|---------------------------------------|
| Site Address: 109 Wiench Street Erwin, NL 28339 | Phone (919) 443-6479 |
| Subdivision: | Lot3A |
| Description of Proposed Work: SFR Construction | Total Job Cost # 70 000. ** |
| General Contractor Information | |
| Ken Dawson Hones, Inc. | (919) 422-6479 |
| Building Contractor's Company Name | Telèphone |
| 2493 NC 1+WY. 242 N. Benson, NC 27504 Address | Lenndouson Cholmail.com Email Address |
| | / |
| License # | OFT None |
| Description of Work SFR Service Size: | on 200 Amps T-Pole: ✓Yes No |
| BP Electric Survive Inc | 919 669-4454 |
| Electrical Contractor's Company Name | Telephone |
| 726 Chapel Hill Rd. Cary, NC 22513 | b800@bellsouth.net |
| Address | Email Address |
| <u>SP. SFD, 2266</u> 1 License # | |
| Mechanical/HVAC Contractor Information | |
| Description of Work SFR Constadion | |
| Central Air. Inc. | 919)963-0001 |
| Mechanical Contractor's Company Name | Telephone |
| 2040 NC HWY. 965. Four Oaks, NC 27524 | travis p centralaire com |
| Address | Email Add ess |
| L, 28699 License # | |
| Plumbing Contractor Information | |
| Description of Work SFR Constitution | # Baths2 |
| Double J Plembing LC | 910 814-7705 |
| Plumbing Contractor's Company Name | Telephone |
| 614 Byrd St. Bunnlevel, NC 28323 Address | ionie dryson Dlumbing, @gmail.com |
| Address | Email Address 0 0 |
| License # | |
| Insulation Contractor Information | |
| 1 when Insulation 519 Old Drystone Rd. Courses, NC | (919) 661-0999 |
| Insulation Contractor's Company Name & Address 27529 | 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.

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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 wner/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: Date: 0508-3022 | |