

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: Galt Land Development LLC	Date: 07/21/2022
Site Address: 195 Solomon Drive Cameron NC 28326- Lot 002	Phone: 910-779-0229
Subdivision: Liberty Meadows	Lot: 044
Description of Proposed Work:	Total Job Cost: \$228195.00
General Contractor	
A&G Residential LLC	910-779-0229
Building Contractor's Company Name	Telephone
916 Arsenal Ave Suite B Fayetteville NC 28305	anastasia@agresidentialnc.com
Address	Email Address
80672L HEATED SQ FT 2865	GARAGE SQ FT 428
License #	
Electrical Contractor	<u>'Information</u>
	ervice Size: ²⁰⁰ Amps T-Pole: <u> x </u> Yes <u> </u> No 910-890-3655
JM Pope Electric Electrical Contractor's Company Name	Telephone
409 Chatham Street Sanford NC 27330 Address	Marshallpope74@gmail.com Email Address
21326	
License #	
Mechanical/HVAC Contra	actor Information
Description of Work _ Single Family HVAC	
Carolina Comfort Air	919-550-7711
Mechanical Contractor's Company Name	Telephone
PO Box 190 Clayton NC 27528	
Address	Email Address
29077	
License #	
Plumbing Contractor	r Information
Description of Work Single Family Plumbing	# Baths3
Titans Plumbing	919-902-0990
Plumbing Contractor's Company Name	Telephone
PO Box 1045 Dunn NC 28335	business@titansplumbing.com
Address	Email Address
34800	
License #	
Insulation Contractor	
Tricity Insulation & Building Products	910-486-8855
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.

1 Paily

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

07/21/2022

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

General Contractor _____ Owner ____ X 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:

^X 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.

Х 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: Anastasia Dailey- Construction Coordinator Date: 07/21/2022