

Application #

Harnett County Central Permitting

* 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. 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: A&G Residential LLC	Date: 1/10/2023
Site Address: 916 Arsenal Ave Suite B Fayetteville NC 28305	Phone: 910-779-0229
Subdivision: Liberty Meadows	Lot: 044
Description of Proposed Work: New Single Family Dwelling	Total Job Cost: \$229845
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 #	• •
Description of Work Single Family Electric Se	<u>Information</u> ervice Size: ^{_200} _Amps T-Pole: <u>_x</u> _YesNo
JM Pope Electric	910-890-3655
Electrical Contractor's Company Name	Telephone
409 Chatham Street Sanford NC 27330	Marshallpope74@gmail.com
Address	Email Address
21326L	
License #	
Mechanical/HVAC Contra	ctor 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 #	haffarmad an
Plumbing Contractor	
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	Information
Tricity Insulation & Building Products	910-486-8855
Insulation Contractor's Company Name & Address	Telephone
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*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	1/10/2023 on Date
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
General Contractor Ownerx	Officer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the $\ensuremath{\text{p}}$ set forth in the permit:	person(s), firm(s) or corporation(s) performing the work
X Has three (3) or more employees and has obtain	ined workers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has them.	obtained workers' compensation insurance to cover
X Has one (1) or more subcontractors(s) who has covering themselves.	their own policy of workers' compensation insurance
Has no more than two (2) employees and no su	ubcontractors.
While working on the project for which this permit is so Department issuing the permit may require certificates to issuance of the permit and at any time during the per carrying out the work.	of coverage of worker's compensation insurance prior
Sign w/Title: Anastasia Dailey- Construction Coordinator	Date: 1/20/2023