

Application #	
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\* 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

Approach in Residential Editaring and 1	44001011111
Owner's Name: Chris Ridgley Hannah Shaw	Date 6-22-22
Site Address: 149 Dauphing St.	Phone <u>4/9 - 935 -</u> 3292
Subdivision: <u>Captains</u> <u>Landins</u>	Lot/49
Description of Proposed Work: house	_ Total Job Cost
General Contractor Information	
Tim Goodwin	910-658-0248
Building Contractor's Company Name	Telephone
283 Chesley LANE, Lillington NX	Time for-NO Com
Address	Email Address
82236 HEATED SQ FT 1965 GARAGE SC	QFT_O_
License #  Electrical Contractor Informatio	n
Description of Work New Home Service Size:	Amps T-Pole:YesNo
AVAC SPICIALISTS INC.	419 868 9352
Electrical Contractor's Company Name	Telephone
Church's electrical	Email Address
Address 559a Christian light Rd.	Email Address
License #	
Mechanical/HVAC Contractor Inform	nation
Description of Work New Home	
HVAC SPECIALISTS Inc.	919-669-9509
Mechanical Contractor's Company Name	Telephone
5843 Cokesbury Rd. Luguar NC 27526	hvacspecialist 65@ yahoo.ca
Address 7	Email Address
License #	
Plumbing Contractor Informatio	<u>'n</u>
Description of Work New Planbing - Resident Home	# Baths2
Plumbing Contractor's Company Name	910-890-2299
Plumbing Contractor's Company Name	Telephone
	-
Address	Email Address
3576 License #	
Insulation Contractor Information	on_
Cymberland Ivs. Insulation Contractor's Company Name & Address	910-484-7118 Telephone
Inculation Contractor's Company Name & Address	Telephone

\*NOTE: General Contractor / owner must fill out and sign the second page of this application.



**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

6-22-2022

	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: Allowd T Architic Pres Date: 10-22-2022	