



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: MARJORIE MIXEN Date 9-15-22

Site Address: 156 FLEETCHER AVE FURQUAY Phone _____

Subdivision: _____ Lot _____

Description of Proposed Work: Rebuild Total Job Cost 290,000⁰⁰

General Contractor Information

APP-RESTORATION
Building Contractor's Company Name

919-422-6601
Telephone

9316-4 SMART DR RALEIGH 27603
Address

RYANS@APP-NC.COM
Email Address

81773
License #

HEATED SQ FT 1668 **GARAGE SQ FT** 492

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No

Combs Electric Group
Electrical Contractor's Company Name

Telephone

3508 Meadehaver Dr Apex
Address

Bcombs@combedco.com
Email Address

30533-4
License #

Mechanical/HVAC Contractor Information

Description of Work _____

Dupree Heating & Air
Mechanical Contractor's Company Name

(919) 291-0573
Telephone

Address

Email Address

31834
License #

Plumbing Contractor Information

Description of Work _____ # Baths 2

CAMDENS Plumbing
Plumbing Contractor's Company Name

(919)-669-4650
Telephone

PO BOX 1359 FURQUAY 27526
Address

Email Address

18903
License #

Insulation Contractor Information

31 W INSULATION
Insulation Contractor's Company Name & Address

(919) 500-3650
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.



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

9/15/2022

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: J. J. J. J., COO

Date: 9/15/2022