SUBCONTRACTOR NAME CHANGE



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

licensed contractor. Address,	
company name & phone must	t
match information on license.	

* Must be owner/occupier or

Application for Residential Building and Trades Permit

Owner's Name:	Frances Tew		Date	1/9/20	23
Site Address: 46	6 George Perry Lee Road, Dunn, NC 28334	Phone	(910) 587-6	432
Subdivision:		Lot			
Description of Propos	Rebuild NC Project: replacing old home with new, sed Work: site built home	Total Job Cost	\$213	3,980.0	0
	General Contractor Information				
Nash Locklear C	Nash Locklear Construction Company			(910) 734-7128	
Building Contractor's		Telephone			_
1313 West Carth	age Road, Lumberton, NC 28360				
Address		Email Address			
44032	HEATED SQ FT 1646 GARAGE SC				
License #					
Description of Work	Electrical Contractor Information		olo.	Vac	No
•	ating @ Cooling LLC	(910) 740-2		_103 _	
Electrical Contractor'	<u> </u>	Telephone	201		—
	VY - Lot 20, Jacksonville, NC 28540	relephone			
Address		Email Address			
L. 29951					
License #					
	Mechanical/HVAC Contractor Inform	ation			
Description of Work			_		
Derek Drummo	nd	(910) 798-5	5086		
Mechanical Contract	or's Company Name	Telephone			
342 Blue Road	, Parkton, NC 28371				
Address		Email Address			
L.15247					
License #	Diumbing Contractor Informatio	-			
	Plumbing Contractor Information	_			
Description of Work		_# Baths	005		
	ion Company, Inc.	(910) 280-2	825		
Plumbing Contractor		Telephone			
	ne, Red Springs, 28377				
Address		Email Address			
30344 License #					
LICENSE #	Insulation Contractor Informatio	n			
Best Way Insulation	- 828 Walnut Street, Fairmont, NC 28340	 (910) 628-9	02/12		
	's Company Name & Address	Telephone	5243		

*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.

1/12/23

Signature of Owner/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. X 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: Sheena Ibasco Date: 1/12/23