

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

## **Application for Residential Building and Trades Permit**

Owner's Name: On Top Building Company, LLC	Date <u>10.3.2022</u>			
Site Address: 1235 Denning Rd., Angier NC 27501	Phone <u>919.201.1133</u>			
Subdivision: N/A	Lot <u>1</u>			
Description of Proposed Work: New Residential Dwelling	_ Total Job Cost <u>₹ 250, 000.00</u>			
General Contractor Information				
Homes By Wichael Ford, LLC Building Contractor's Company Name	919.553.1055 Telephone			
P.O. Box 9, Clayton NC 27528 Address	michael@homesby-ford.com Email Address			
73459 HEATED SQ FT 1622 GARAGE SC	FT 483			
License #				
Description of Work New Residential Constr. Service Size:	<b>2</b> 00 Amps T-Pole:			
R.Q. Jackson Electric  Electrical Contractor's Company Name	919.894.5367 Telephone			
9261 Raleigh Rd., Benson NC 27504  Address	rajackson electric o embargmail·co Email Address			
21144 License #				
Mechanical/HVAC Contractor Information				
Description of Work New Residential Constr.				
Stephenson Heating & Que Mechanical Contractor's Company Name	919. 329. 0686 Telephone			
343 Shipwash Dr., Garner NC 27529  Address	<u>stephenson hvac @ aol.com</u> Email Address			
18644 License #				
Plumbing Contractor Information				
Description of Work New Residential Constr.	_# Baths			
White's Plumbing Plumbing Contractor's Company Name	919.496.6929 Telephone			
P.O. Box 1286, Youngsville NC 27596  Address	whitesplumbing 160 gmail-com Email Address			
16941				
License # Insulation Contractor Information				
Tatum Insulation, 519 Old Drug Store Rd., Garner NC Insulation Contractor's Company Name & Address	<u>919.661.0999</u> 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

10.3.2022

		ompensation N.C.G.	S. 87-14	
The undersigned applicant being	the:			
General Contractor	Owner	Officer/Agent of the C	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 emp	oloyees and has obt	ained workers' compensat	ion insurance to cover them.	
Has one (1) or more subco	ontractors(s) and ha	s obtained workers' compo	ensation insurance to cover	
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 will Department issuing the permit me to issuance of the permit and at a carrying out the work.	ay require certificate	s of coverage of worker's	compensation insurance prior	
Sign w/Title:	p ; owner		Date: 10.3.2022	