



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: David Krakowski Date 2/2/23
Site Address: Thomas Kelly Rd - Sanford, NC Phone 919 656 7251
Subdivision: APN 9693-93-9126-000 Lot _____
Description of Proposed Work: _____ Total Job Cost \$ 850,000⁰⁰

General Contractor Information

Touch Construction LLC
Building Contractor's Company Name 27330
1372 Steel Bridge Road - Sanford, NC
Address 66124 Telephone 919 390 4677
License # HEATED SQ FT 3183 GARAGE SQ FT N/A Email Address touchconstructionllc@gmail.com

Electrical Contractor Information

Description of Work Solar - No Elec. Company Service Size: 50 Amps T-Pole: Yes No
J.S. Howard Electrical
Electrical Contractor's Company Name 27332 Telephone 919 774 1450
2514 Dogwood Street, Sanford, NC
Address 15793 L Email Address lisa.jshoward@windstream.net
License # _____

Mechanical/HVAC Contractor Information

Description of Work Heating & Air - Gas Units
Air Controls Mechanical
Mechanical Contractor's Company Name 27331 Telephone 919 770 5379
PO Box 4876, Sanford, NC
Address L 27422 Email Address aircontrol@windstream.net
License # _____

Plumbing Contractor Information

Description of Work Plumbing all baths & kitchen # Baths 4 1/2
All Hustle Irrigation
Plumbing Contractor's Company Name 27562 Telephone 919 348 3140
129 Woodhaven Dr., New Hill, NC
Address 35183 Email Address allhustleirrigation@gmail.com
License # _____

Insulation Contractor Information

Homewarmth - 1614 Page Rd Ext. Durham, NC
Insulation Contractor's Company Name & Address 27703 Telephone 919 957-9600

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

2/2/23
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: *[Signature]*

Date: 2/2/23