

\* 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

| - I see that the state of the s | Trades Permit   |
|--|---|
| Owner's Name: <u>Scatt and Danielle Bradsheer</u> Date 1-6-23 Site Address: 1067 Marks RD Cameron Phone 919-472-1246   |   |
| Site Address: 1067 Marks RP Cameron  | Phone 9/9-422-1242  |
|  |   |
| Description of Proposed Work: New House  | Lot   |
| Description of Proposed Work: New House Total Job Cost 889,000.00  General Contractor Information  |   |
| THomas W. Hulsey  Building Contractor's Company Name   | 910-690-2892  |
| Building Contractor's Company Name   |   |
| 1273 Joe 1 Rp. Carthage N.C. 28327<br>Address<br>78872   | that la am can  |
| Address 1896   | Fmail Address   |
| 78872 HEATED SQ FT GARAGES   | 100 TO  |
| License #  |   |
| Description of Work New Service Service Size: Use Amps T-Pole: Ves No  |   |
| Mc grow Electric   | Amps T-Pole: V Yes No   |
| Mcgraw Electric Electrical Contractor's Company Name   | Tolophore   |
| 105 Lewis Ln Pinebliff N.C.  | 910-778-7755 Telephone  guy Limc graw a gravil. Com Email Address |
| Address  | Email Address   |
| <i>SP</i> , <i>SFD</i> , 30603<br>License #  | Lindii Addiess  |
|  |   |
| Mechanical/HVAC Contractor Information   |   |
| Description of Work New Units  Carolina Qir  |   |
| Carolina Qir   | 910-430-5559  |
| Mechanical Contractor's Company Name   | Telephone   |
| 7700 45 19-501 Carthage N.C.   |   |
| 74838  | Email Address   |
| License #  |   |
| Dismilian O  | · ·   |
| Description of Work New Plumbing  Description of Work New Plumbing  Description of Work New Plumbing  Plumbing Contractor's Company Name  SOU Contractor's Company Name  | # Poths 5   |
| James Lea Plumbing   | _# Baths  |
| Plumbing Contractor's Company Name   | Telephone   |
| 804 Currant 3t. Pine Bluff   | Telephone <u>Ileeplumbing 2017 abgmanil.com</u> Email Address     |
| Address  | Email Address   |
| 27445  |   |
| License #  |   |
| Insulation Contractor Information  |   |
| nsulation Contractor's Company Name & Address  | 919-422-1246  |
| Some actor a company warne & Address   | 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 <a href="bysigning below I have obtained all subcontractors">bysigning below I have obtained all subcontractors</a> <a href="permission to obtain these permits">permits</a> and if <a href="any">any</a> 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.

1-6-23 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   |  |
| 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: Date: 1-6-23  |  |