



Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. 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: Craig Matthews Realty Inc Date: _____
Site Address: 80 Lilyanne Lane Coats NC 27521 Phone: _____
Subdivision: _____ Lot: #7
Description of Proposed Work: new house Total Job Cost: _____

General Contractor Information

Craig Matthews Realty Inc 910-890-4330
Building Contractor's Company Name Telephone
PO Box 399 Coats NC 27521
Address Email Address
44664 HEATED SQ FT 1297 GARAGE SQ FT 436
License #

Electrical Contractor Information

Description of Work new house Service Size: 200 Amps T-Pole: Yes No
Parker Electric 910-984-6810
Electrical Contractor's Company Name Telephone
167 Stone henge Drive Dunn NC 28334
Address Email Address
331658 SP-SFD
License #

Mechanical/HVAC Contractor Information

Description of Work new house
Cold South Mechanical 919-800-7918
Mechanical Contractor's Company Name Telephone
1929 NC Hwy 42 Willow Spring NC 27592
Address Email Address
31355
License #

Plumbing Contractor Information

Description of Work new house # Baths 2
Mike Smith Plumbing 919-868-3060
Plumbing Contractor's Company Name Telephone
109 Ablilzd Lane Angier NC 27501
Address Email Address
18200
License #

Insulation Contractor Information

Insulating Inc. 1212 Home Court 919-772-9000
Insulation Contractor's Company Name & Address Telephone
Raleigh NC 27603

*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.

Craig J. Matthews

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.

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: *Craig J. Matthews President* Date: _____