

* 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: Christopher Beasley Site Address: 1323 Clayhole Rd Dunn, NC 283	Date <u>3 23 23</u>
Site Address: 1323 Clauhole Rd Dunn. NC 283	334 Phone 919-902-8606
Subdivision:	Lot
Description of Proposed Work: New Construction - Single Fam	
General Contractor Information	me
Kevin Tyndall Bulders, Inc	916-237-4237
Building Contractor's Company Name	916 - 23 1 - 4237 Telephone
1014 W. Cocc Rd Dunn nc 28334 Address	tyndall builders in Cogmail. a Email Address
011 50	
License #	FI 600
Electrical Contractor Information	1
Description of Work Wine New Const. Service Size:	+00_Amps T-Pole: <u>✓</u> YesNo
Byrd's Electric	919-669-3843
Electrical Contractor's Company Name	Telephone
143 Mingo Rd Benson ne	
Address	Email Address
Mechanical/HVAC Contractor Information	ation
	g Special of a
Description of Work Install HUAC PSEASLUS Heating + Aire Inc Mechanical Contractor's Company Name	919-894-4248
Mechanical Contractor's Company Name	Telephone
57 WC Begsley Lane Coats NC	
Address	Email Address
9497	
License #	
Plumbing Contractor Information	
Description of Work Install Pulumbing	_# Baths <i>C</i> , <i>S</i>
Plumbing Contractor's Company Name	
	Telephone
865 Jernigan Loop Rd Dunna	
Address	Email Address
30747	
License # Insulation Contractor Information	n
	99-661-0999
Insulation Contractor's Company Name & Address	Telephone
Garner AC	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-permission-to-obtain-these-permits
and if any-permits-pe

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

3/23/23 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: Date: 3/23/23	