



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: Rudy Gonzalez Date _____
Site Address: 3510 S. US 301 Dunn, NC Phone 910-751-2926
Subdivision: _____ Lot _____
Description of Proposed Work: Complete Interior Reno. Total Job Cost 70,000

General Contractor Information

JRT Managing Properties Telephone 919-980-2009
Building Contractor's Company Name
306 S. Wall St. Benson, NC
Address
99495 Email Address _____
License # HEATED SQ FT 1,478 GARAGE SQ FT 0

Electrical Contractor Information

Description of Work Re-Wire Service Size: 200 Amps T-Pole: Yes No
Jason Pope
Electrical Contractor's Company Name Telephone 919-820-0837
81 BEAVER Creek Dr. Dunn, NC
Address Email Address _____
License # 27284

Mechanical/HVAC Contractor Information

Description of Work Install New System
Randy Jackson
Mechanical Contractor's Company Name Telephone 910-242-2941
100 N. 13th St. Erwin, NC
Address Email Address _____
License # 18512

Plumbing Contractor Information

Description of Work Complete Re-Plumb # Baths _____
Brandon Hardison Telephone 919-820-1434
Plumbing Contractor's Company Name
P.O. Box 45 Benson, NC
Address Email Address _____
License # 34260

Insulation Contractor Information

Rudy Gonzalez Telephone 910-751-2926
Insulation Contractor's Company Name & Address

***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

2/28/23
 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:

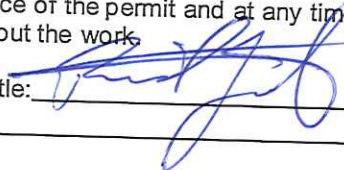
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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: 2/28/23

Proposed Floor Plan

