



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: EUGENE BOUDREAU Date: 3/14/2023

Site Address: 4908 OLD STAGE RD N. ANGIER, NC. 27501 Phone: 919-292-4677

Subdivision: NA Lot: NA

Description of Proposed Work: BUILDING SINGLE FAMILY HOME Total Job Cost: \$300,000.

General Contractor Information

Building Contractor's Company Name: OWNER / OCCUPIER: EUGENE BOUDREAU Telephone: 919-292-4677

Address: 609 MOON SHADOW CT. FUQUAY VARINA, NC. 27526 Email Address: gene.construct.nc@gmail.com

HEATED SQ FT: 2137 GARAGE SQ FT: 564

License # na

Electrical Contractor Information

Description of Work: BUILD SINGLE FAMILY HOME Service Size: _____ Amps T-Pole: Yes No

Electrical Contractor's Company Name: IMPERIAL ELECTRIC Telephone: 919-363-7474
PO BOX 162 APEX, NC. 27502

LICENCE # 19850-1 Email Address: _____
ELECTRICAL ROUGH IN AND FINISH

Mechanical/HVAC Contractor Information

Mechanical Contractor's: CAROLINA COMFORT AIR INC. Telephone: 919-366-5192
PO BOX 190, CLAYTON NC. 27520

LICENSE # 29077 Email Address: rncteam@carolinacomfortair.com
HVAC ROUGH IN AND FINISH

Plumbing Contractor Information

Baths: 3.5 BATHROOMS

Plumbing Contractor: ALLIANCE PLUMBING Telephone: 919-422-8217
5127 WIDESPREAD DR.

CLAYTON, NC. 27520 Email Address: _____
LICENSE # 8931

Insulation Contractor Information

Insulation Contractor: TRICITY Telephone: 919-345-0864
7204 BECKY CIRCLE,

RALEIGH, NC. 27615

***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.

EUGENE BOUDREAU
Signature of Owner/Contractor/Officer(s) of Corporation

3/31/2023
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: EUGENE BOUDREAU Date: 3/31/2023