

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27548
PO Box 65 Lillington, NC 27548
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

* Must be owner/occupier or
licensed contractor. Address, must
match information on license.

Date 3.28.23

Owner's Name: Andrew Roach
Site Address: 136 Old Stage Court Coats
Subdivision:
Description of Proposed Work: rebuild house - house fire
B: B Restoration

Building Contractor's Company Name
345 W Oora St Angier
Address 69387
License # HEATED SQ FT 1376

Description of Work Full Elec
Cold South
Electrical Contractor's Company Name
1929 NC 42 Hwy willow spring
Address 30624
License #

Mechanical/HVAC Contractor Information
Description of Work Complete replacement
Cold South
Mechanical Contractor's Company Name
1929 NC 42 Hwy Willow Spring
Address 31355
License #

Plumbing Contractor Information
Description of Work Full Plum
Plumbing Solutions of NC
Plumbing Contractor's Company Name
3776 US Hwy 401N
Address 23076
License #

Insulation Contractor Information
Insulation Contractor's Company Name & Address
Stormway Commission One Hayre Mills
Address 910988 4070
Telephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.

General Contractor Information
Description of Proposed Work
rebuild house - house fire
Total Job Cost 175,000
Lot
Phone 919 884 9181
Date 3.28.23

Electrical Contractor Information
Description of Work
Full Elec
Electrical Contractor's Company Name
1929 NC 42 Hwy willow spring
Address 30624
License #

Mechanical/HVAC Contractor Information
Description of Work
Complete replacement
Mechanical Contractor's Company Name
1929 NC 42 Hwy Willow Spring
Address 31355
License #

Plumbing Contractor Information
Description of Work
Full Plum
Plumbing Contractor's Company Name
3776 US Hwy 401N
Address 23076
License #

Insulation Contractor Information
Insulation Contractor's Company Name & Address
Stormway Commission One Hayre Mills
Address 910988 4070
Telephone



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.

Chh Hagen
Signature of Owner/Contractor/Officer(s) of Corporation

3.28.23
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: Chh Hagen / manager Date: 3.28.23