



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: 4 Jose Rubio Date: _____

Site Address: 8 Knight Dr Broadway NC Phone: _____

Subdivision: _____ Lot: Lot 4

Description of Proposed Work: new residential Total Job Cost: 260,000

General Contractor Information

Jay Norris

Building Contractor's Company Name

172 Steel Bridge Rd

Address

20294

License #

919 353 1494

Telephone

jay.norris@msn.com

Email Address

HEATED SQ FT 2849 GARAGE SQ FT 561

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No

Wester and Pace Electric Inc

Electrical Contractor's Company Name

614 Leslie Rd Sanford NC 27332

Address

1012007-4

License #

(919) 499-3946

Telephone

Email Address

Mechanical/HVAC Contractor Information

Description of Work _____

D and D HVAC LLC

Mechanical Contractor's Company Name

605 Chatham St Sanford NC

Address

23371

License #

(919) ~~355~~ 628-2183

Telephone

ddavis@ddhvacllc.com

Email Address

Plumbing Contractor Information

Description of Work _____

Perfect Plumbing McDonald Plumbing

Plumbing Contractor's Company Name

5321 Swann Station Rd Sanford

Address

11824

License #

Baths 3

(919) 770-0773

Telephone

wcomer@windscream.net

Email Address

Insulation Contractor Information

Insulation Inc

Insulation Contractor's Company Name & Address

1827 Johnson Hwy Sanford 27330

919 770 1974

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** 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]
Signature of Owner/Contractor/Officer(s) of Corporation

5-18-23
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: *[Signature]* General Contractor Date: 5/18/23