



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: All Home Renovation LLC Date 10-31-23
Site Address: 20 Warner Hill Crt Fuquay varina, NC 27526 Phone 919 796 2589
Subdivision: Rawls Club Acres Lot # 1
Description of Proposed Work: Construct new home Total Job Cost \$300,000.00

General Contractor Information

All Home Renovation LLC 919 796 2589
Building Contractor's Company Name Telephone
716 Tampa Dr, Fuquay Varina, NC 27526 mike@allhomerenovation.com
Address Email Address
57914 HEATED SQ FT 2379 GARAGE SQ FT 384
License #

Electrical Contractor Information

Description of Work New construction Service Size: 200 Amps T-Pole: Yes No
J.W. Electric
Electrical Contractor's Company Name Telephone
7620 Reams Crt, Apex, NC 27523
Address Email Address
23367L
License #

Mechanical/HVAC Contractor Information

Description of Work New HVAC System first and second floor
Airtrone. 704 577 6324
Mechanical Contractor's Company Name Telephone
3201 Wellington, NC 27615
Address Email Address
32715
License #

Plumbing Contractor Information

Description of Work New construction Plumbing # Baths 3 1/2
Sweetwater Plumbing
Plumbing Contractor's Company Name Telephone
4316 Triland Way, Cary, NC 27518
Address Email Address
23793 Class 1
License #

Insulation Contractor Information

MPI Foam
Insulation Contractor's Company Name & Address Telephone

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

Lic info not correct 11.6 11-2-23



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.

Michael Krasinski

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

10-31-23

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: *Michael Krasinski* Owner

Date: c 10/31/23