



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 _____

Site Address: 93 Warner Hill Crt Fuquay varina, NC 27526 Phone 919 796 2589

Subdivision: Rawls Club Acres Lot Lot 6

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 2700

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

20021 Class 1

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.**

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

8-1-24
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: 8-1-24