

Application # \_\_\_\_\_

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

## **Application for Residential Building and Trades Permit**

Owner's Name: Lynndale INC.		Date <u>02SEP2024</u>
Site Address: 404 E Jackson Blvd Erwin, NC 28339	Phone	(919) 625-8751
Subdivision: N/A	Lot <u>Bu</u>	ilding C
Description of Proposed Work: Residential Apartment	_ Total Job Cost _	\$169,000
General Contractor Information		
Sharpe Building Co Building Contractor's Company Name	<u>(919) 801–3805</u> Telephone	
316 Wilsons Mills Rd Smithfield, NC Address	cullen@sharpebuildingco.c	
100598 HEATED SQ FT 1200 GARAGE SQ License #	FT <sub>N/A</sub>	
Electrical Contractor Information		
Description of Work <u>Install All Electric</u> Service Size: 2	<u>00 Amps T-P</u>	ole:YesNo
Ogilvie Enterprises INC Electrical Contractor's Company Name	(919) 427-800 Telephone	
5325 Hidwell Pl Apex, NC Address	scheduling.og	gilvieelectri
17046 License #		
Mechanical/HVAC Contractor Informa	<u></u>	
Description of Work <u>Install All HVAC Componets</u>		
Comfort Magic, INC. Mechanical Contractor's Company Name	<u>(919) 502–8343</u> Telephone	
PO Box 247 Selma, NC 27576	comfortmagichvac@gmail.com	
Address	Email Address	
29952 License #  Plumbing Contractor Information	•	
Description of Work <u>Install all Plumbing</u>	_	
Thornton's Plumbing INC		
Plumbing Contractor's Company Name		
3160 Vinson Rd A, Clayton, NC Address	tpiplanner@gm Email Address	nail.com
22152 License #		
Insulation Contractor Information	<u>1</u>	
Tri-City Insulation 7204 Becky Cir, Raleigh, NC	(919) 790-968	
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. Signature of Owner/Contractor/Officer(s) of Corporation 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 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: Date: