

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

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

Application for Residential Building and Trades Permit

| Owner's Name: Chesapeake Homes | Date |
|--|---|
| Site Address: 130 RAPHDOOR DR | Phone 416-212-4060 |
| Subdivision: The furm of Neil's creek | |
| Description of Proposed Work: New Lung Fraction single family | |
| General Contractor Information | |
| Chesagewke Homes | <u>4 10-212-4060</u> Telephone |
| Building Contractor's Company Name | |
| 3100 Smoketree Ct. swife 210 | bblough Ocheshomes, com |
| Address | Email Address |
| License # HEATED SQ FT 2666 GARAGE SQ | 1 3 2 9 |
| | 1 |
| Description of Work Single funily New Contractor Information | |
| Roman off Electric Electrical Contractor's Company Name | 919-848-4652 |
| | Telephone |
| 3006 Industrial Dr. ste-120 Rulcyh, NC 27609 Address | Ttolen @ roman aff grang, LL Email Address |
| <u>u-12915</u> | |
| License # Mechanical/HVAC Contractor Inform | ation |
| | |
| Description of Work single family New construction Yellow Dot Heating & Art funtitioning | Alu- are ward |
| Mechanical Contractor's Company Name | <u>914- 925-</u> Ч235 Telephone |
| 2400 Summer Blid Swite 120 Ruleigh, NG 27111 _ | HETMAN DEZ @ 73HYAC .com |
| 32872 | |
| License # | |
| Plumbing Contractor Informatio | _ |
| Description of Work single funily were construction | |
| Plumbing Contractor's Company Name | <u>419- 478-0111</u> Telephone |
| | |
| 2428 Reliance Ave . Agex NL 27539 Address | USCHLUETER CROMMOFF, CC Email Address |
| 29627 | |
| License # | _ |
| Insulation Contractor Informatio | |
| Insulation Contractor's Company Name & Address | 15 914 514 1714 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.

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

11/20/24

| 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: 3 13 Date: 11/20/24 | |