



Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Application # BL0M1908-0009

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits
COMMERCIAL

ECOM1908-0005
MCOM1908-0008
PL0M1908-0003
IR1908-0006

Application for Building and Trades Permit

Owner's Name: GUILLERMO MATEO Date: _____

Site Address: 1204 DENNY-ERWIN Phone: 919-669-4672

Description of Proposed Work: REMODELING JOB

General Contractor Information: Building Cost \$ 12,000

Building Contractor's Company Name: GUILLERMO MATEO

Telephone: 919-669-4672

Address: OWNER

Email Address: _____

Signature of Owner/Contractor/Officer(s) of Corporation: 91 HICKORY TREE LANE ANGLIER

License #: _____

Electrical Contractor Information: Electrical Cost \$ _____

Description of Work: _____ Service Size: _____ Amps #T-Poles: _____

Electrical Contractor's Company Name: _____

Telephone: _____

Address: PROVA ELECTRIC INC 215720

Email Address: _____

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

License #: _____

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work: _____ # Units: _____

Mechanical Contractor's Company Name: _____

Telephone: _____

Address: DUNRITE PLUMB SERVICE TECH SYSTEMS 19409

Email Address: _____

Signature of Owner/Contractor/Officer(s) of Corporation: H31

License #: _____

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work: FINAL TRIM OUT # Baths: _____

Plumbing Contractor's Company Name: _____

Telephone: _____

Address: BARNIE'S PLUMBING

Email Address: _____

Signature of Owner/Contractor/Officer(s) of Corporation: 235 MILWOOD LN ANGLIER NC

License #: 17735 (919) 795-0928

Insulation Contractor Information

Insulation Contractor's Company Name & Address: OWNER GUILLERMO MATEO

Telephone: 919-795-0928

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



Sprinkler Contractor Information

Sprinkler Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name _____

Telephone _____

Address OWNER

Email Address _____

Signature of Officer(s) of Corporation 91 HICKORY TREE LAKE ANGIER

License # _____

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

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 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 charged at full price per current fee schedule.

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

08/26/19
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: OWNER

Date: 08/26/19