



*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

EC0m1908-0005
ML0m1908-0008
PL0m1908-0003
IR0S1908-0004

Application for Building and Trades Permit

Owner's Name: GUILLERMO MATEO Date: _____
Site Address: 1204 DENIM DR- ERWIN Phone: 919 669 4672
Description of Proposed Work: REMODELING JOB

General Contractor Information: Building Cost \$ 12,000

Building Contractor's Company Name _____ Telephone 919-669-4672
OWNER
Address _____ Email Address _____
91 HICKORY TREE LANE ANGIER
Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Electrical Contractor Information: Electrical Cost \$ _____
Description of Work _____ Service Size: _____ Amps #T-Poles _____

Electrical Contractor's Company Name _____ Telephone 6000
PROVO ELECTRIC INC 215720
Address _____ 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 4000
DUNRITE PLUM SERVICE TECH
Address _____ Email Address _____
SYSTEMS 19409

Signature of Owner/Contractor/Officer(s) of Corporation H31 License # _____
Plumbing Contractor Information: Plumbing Cost \$ _____
Description of Work _____ # Baths _____

Plumbing Contractor's Company Name _____ Telephone 2000
Address _____ Email Address _____
Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Insulation Contractor Information

OWNER
Insulation Contractor's Company Name & Address _____ Telephone _____

***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 <u>OWNER</u> _____	Email Address _____
Signature of Officer(s) of Corporation <u>91 HICKORY TREE LAKE ANGIER</u> _____	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.

Signature of Owner/Contractor/Officer(s) of Corporation <u>WILHERMO MATEO</u> _____	Date <u>08/26/19</u> _____
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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: <u>OWNER</u> _____	Date: <u>08/26/19</u> _____
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