\*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 #

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

mcom9009-000

Owner's Name OA a	s Permit TRESSON SON
Site Address: 1057EASTO9 B. STREET EQUALITY	Date: 15-21-5018
Site Address: 1057EAST 8. STACT, ERWIN NO.	Phone: 419-699 12 58
General Contractor Information: Building Cost	AGL SECTIONAL TO SON DAY
OWNER MANGEL DEOLIVERA	
Dunding Contractor's Company Name	919 699 1250
915 Church street by soul	Telephone
Address hunch street, MORRISUITE, MEZZ SE	LEO De OIVEIRAD YAHOO, CON
Mano of De	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	
Electrical Contractor Information	License #
Service Size: 7-2-	Amps #T-Poles
	919-427 8481
Electrical Contractor's Company Name	Telephone
Address Dalisial WAKE FORUST ROAD	
THE BAINE STAIR	Email Address
INGOLO MANTUALO 2	_Z4069L
Signature of Owner/Contractor/Officer(s) of Corporation	
Mechanical Contractor Information: Mechanical Co	ost \$_4,000
Description of Work ARAID CR HVAC	#Units Z
9	
Mechanical Contractor's Company Name	919-699 1250 Telephone
Address - 915 Chrach st, marcisuille	LEO DE OSCUETRAD Y ADODICAL Email Address
Address NC 275E0	Email Address
Minor HOLL	
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Flumbing Contractor Information: Plumbing Cost \$	Licanse #
Description of Work	# Baths
	" build
Plumbing Contractor's Company Name	*** - I I I I
	Telephone
Address	
	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
The second secon	LIVETING IT
Insulation Contractor Information	
UWNER MANGEL DE CHIVERA 915 CHARLAST	919 699 1250
nsulation Contractor's Company Name & Address MORRISHILL	Telephone

27560

NORTH CAR ILLIAN		
Sprinkler Contractor Information		
NA ANDEL DEOLIVEIRA	919-699-1250	
Sprinkler Contractor's Company Name	Telephone	
915 CHUNCH STREET, MORRISUITEINC 2356	O LEODEOLIVEIRADYAhoo ON	
Address //	Email Address	
(Manuel )		
Signature of Officer(s) of Corporation	License #	
Fire Alarm Contractor Informatio	919 699 1250	
Fire Alarm Contractor's Company Name	Telephone	
2 (S C C C C C C C C C C C C C C C C C C	15-11-14-518-03-1-1-51	
915 Church strut, moeersuite MCZ7560 Address	Email Address	
Namoel M		
Signature of Officer(s) of Corporation	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 <a href="mailto:any">any</a> 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.  O1 - 22 - 20		
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 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:

Date: 01-22-20