

\*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.

or licensed contractor. Address,		
	ett County Central Permitting O Box 65 Lillington, NC 27546	I
	Fax 910-893-2793 www.harnett.org	g/permits
Application	n for Building and Trades F	<u>Permit</u>
Owner's Name:		Date:
Site Address:		
Description of Proposed Work:		
General Contractor Int	<b>ormation:</b> Building Cost \$ _	
Building Contractor's Company Name		Telephone
Address		Email Address
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
Address		Email Address
Signature of Owner/Contractor/Officer(s) of <u>Mechanical Contractor In</u>	Corporation nformation: Mechanical Cos	License # st \$
Description of Work		# Units
Mechanical Contractor's Company Name		Telephone
Address		Email Address
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost \$		License #
Description of Work		# Baths
Plumbing Contractor's Company Name		Telephone
Address		Email Address
Signature of Owner/Contractor/Officer(s) of	Corporation	License #
Insulatio	on Contractor Information	
Insulation Contractor's Company Name & Address		Telephone

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



NORTH CAROLINA			
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	Email Address		
Signature of Officer(s) of Corporation	License #		
<b>Driveway Access</b> - NC Department of Transportation Driveway Access/Permit?YesNo			
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 <b>any</b> 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. <b>Expired Permit Fees</b> - 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	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:		