

BUILDING RESIDENTIAL PERMIT Harnett County

DESCRIPTION	ACCOUNT	QUANTITY	PAID AMOUNT	TOTAL
	FEES			
COMMENTS				
MAILING ADDRESS: ,		FAX:		
ARCHITECT:	ECT:		PHONE:	
MAILING ADDRESS: ,		FAX:		
OWNER:		PHONE:		
MAILING ADDRESS: ,		FAX:		
CONTRACTOR:		PHONE:		
MAILING ADDRESS: ,		FAX:		
APPLICANT:		PHONE:		
TOTAL WORK VALUE: \$0.00	TYPE OF CONSTRUCTION:		BUILDING USE:	
ZONED AS:	TOTAL SQFT: 0		SPRINKLERS:	
DESCRIPTION:				
JOB ADDRESS:			-	
PERMIT SUB TYPE : MOVED HOME			BLDG USE GROUP:	
PERMIT TYPE: BUILDING RESIDENTIAL	SUBDIVISION/COMM SITE:	TAX MAP NO:		

ALL WORK TO CONFORM TO THE CURRENT EDITION OF THE INTERNATIONAL BUILDING CODE (IBC). A 24 HOUR NOTICE IS REQUIRED FOR ALL INSPECTIONS.

Building Official:

Issued By:

Date:

