Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www harnett org/permits

## Application for Residential Building and Trades Permit

	alialia
Owners Name Renee Mctadden	DateDate
Site Address 52 Countryside Dr Ullington	Phone 919-935-4132
Directions to job site from Lillington	
Head Weston E. Front St toward S	
Follow NG-27 W to Docs Pd in Barber	ue continue on bocs Pd to
Subdivision <u>oakmont</u> subdivision	Lot 52 cantyside
Description of Proposed Work inground Piberglas swimming pro# of Bedrooms	
Heated SF Finished Bonus Room?	Crawl Space Slab
General Contractor Information	
Cod Pods NC UC	919-367-7277 Telephone
Building Contractor's Company Name  2300 Old US 1 Hwy Apex	Chere coolpools nc. com
Address	Email Address
59776	
License #	
Description of Work \\\(\alpha\) (un \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Amps T-PoleYesNo
Ar Electric Inc hookyp + 130	ndin + LED 43hts 919888-3500.
Electrical Contractor's Company Name	Tolophono
POBOX 58355 Ralay UNU 27658	Customer service Ocircelatric, com
Address	Email Address
29565-L	
License # Mechanical/HVAC Contractor Information	
Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License #	
Plumbing Contractor Information	1.
Description of Work	_# Baths
Plumbing Contractor's Company Name	Telephone
	Frank Address
Address	Email Address
License #	
Insulation Contractor Information	1
Insulation Contractor's Company Name & Address	Telephone

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

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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 that by signing below I have obtained all subcontractors permission to obtain these permits 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 \$150.00 After 2 years re-issue fee.

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  Company of Name		
Sign w/Title Leading Sec. Date July 13,2018		