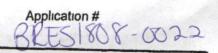
Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match

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

Owners Name Tosba Robin Shows Her	Date 13 Au 6 18
Site Address 1/8 Leigh ST CAMERON NC 28	3326 Phone 919 770-5934
Directions to job site from Lillington 87 South To me	
Subdivisor Imi south of Lindon OAK	S. 60 To The end of Melody
LANE (Imi.) Leigh ST is GRAVEL ROLD	~ Left (MA: 1 Box w/ Address (whi
	Lot 9 7057
Description of Proposed Work Remodel Master Rath	
Heated SF 4000 Unheated SF Finished Bonus Room	Crawl Space Slab
General Contractor Informa	
RWB INC Building Contractor's Company Name	919 708-3643
	relephone
P.O. 130x 1241 SANFORD, NC 27331 Address	919 708-3643 Telephone Rubinclosmail.com Email Address
12602	
License #	
Description of Work Kotchen & Bath Venovar Service Si	ze Amps T-Pole Yes XNo
Cornerstone Electric Ser	
Electrical Contractor's Company Name	910 850-1869 Telephone
4051 Village Dr	Mand Kheble @ gmail.com Email Address
Address	Email Address
10801-L	
License # Mechanical/HVAC Contractor Inf	ormetion
Description of Work	ormation
Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License #	
Plumbing Contractor Informa	ation
Description of Work Remodel masion Bath/Kitchen	/_ # Baths/
Gateman Plumbin	919-499-7919
Plumbing Contractor s Company Name	Telephone
POBOX 944 BROADWAY NC 27505	GATEWAY OLUMbing NC @ YALOO. CON
Address	Email Address
30962 License #	
Insulation Contractor Information	ation
Insulation Contractor's Company Name & Address	Telephone

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 as per current fee schedule/ Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the Officer/Agent of the Contractor or Owner General Contractor 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 or Name _ Date _13 AUG- 18 Sign w/Title

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