

Application # BPESI804: COUE

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

Each section below to be filled out by whomever performing work! Must be owner or licensed contractor. Address, company name & phone must match information on license!

Application for Residential Building and Trades Permit

on on license!	1
Owner's Name: AU. O 1 To 5124	Date: <u>78 Sep</u> 18
Site Address: 115 Vuncawhow Dr	Phone: 919 830 4736
Subdivision: LENWIS CITESK	Lot:
Description of Proposed Work:	Addition
October 1 General Contractor II	nformation at C = 17 7 (C. E
KS13 ("sostruct, on	919 753 7595
Building Contractor's Company Name	Telephone
32 Blalock Dr. Jugual	Email Address
Addiess ,	Email Address \$7500
License #	
Electrical Contractor	Information rvice Size: <u>ℤ∕</u> Amps T-Pole: <u> </u>
Description of Work Sel	TVICE SIZE: ZOLY AMPS 1-Fole. Tres Tino
Electrical Contractor's Company Name	18 B 19 9 107 7767 Telephone
341 Was Storo P Benson	1 W C Telephone
Address Address	Email Address
18839	2.1.
License #	
Mechanical/HVAC Contra	ctor Information
Description of Work	· · · · · · · · · · · · · · · · · · ·
	Tallantana
Mechanical Contractor's Company Name	Telephone
Address .	Email Address
Address	Lindi Address
License #	
Plumbing Contractor	<u>Information</u>
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License #	
Insulation Contractor	<u>Information</u>
Insulation Contractor's Company Name & Address	Telephone

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



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 as per current fee schedule! 78 Scp 18 Signature of Owner/Contractor/Officer(s) of Corporation 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. _ Date: <u>29 Scp 18</u> Sign w/Title: