Application # <u>BPES1810-0032</u>

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, companyname & phone must match

Application for Residential Building and Trades Permit

Owner's Name: James & Rebecca Daniels	5Date: <u> 1 - 20 - 1</u> 8
Site Address: 49 Wallace St Angier NC2	750/ Phone: <u>(102 (15284</u> -
Directions to job site from Lillington: 210 North - Left	- on James Norris -
Right on Wallace St.	
· J	
Subdivision: McAdams Acres	Lot:
Description of Proposed Work: Gase	# of Bedrooms:
Heated SF: Unheated SF: Finished Bonus Room?	Crawl Space: Slab:
• General Contractor Information	· ·
Building Contractor's Company Name	910 - 984 - 1088 Telephone
255 E Cornelius Harnett Blyt	генерпопе
	Email Address
Lillington, NC 27546	
License #	_
Description of Work	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
Electrical Contractor's Company Name	Telephone
	- "A I I
Address	Email Address
License #	_
Mechanical/HVAC Contractor Inform	nation
Description of Work	
	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
7,144,000	
License #	
Plumbing Contractor Informatio	
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
- Authority Contractor's Company Name	relephone
Address	Email Address
License #	an
· insulation Cophractor Information	<u></u>
Insulation Contractor's Company Name & Address	Telephone

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

2500-021241

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 <u>by signing below I have obtained all subcontractors permission to obtain these permits</u> and if <u>any</u> 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.

220	11.20.18
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	ег	
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing set forth in the permit:		
Has three (3) or more employees and has obtained workers' compensation insurance to c	over them.	
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance them.	e to cover	
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation covering themselves.	insurance	
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:		
Sign w/Title: Date:		