11/1/18



Application # BRGS 1810-0067

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

Owner's Name:	Date:
Site Address:	
Subdivision:	Lot:
Description of Proposed Work:	
General Contractor Information	<u>on</u>
American Steel Buildings Carolina Carports Building Contractor's Company Name	912-294-7696 Telephone
Address Dodson, NC 27017	feltenburke @ 42hoo, com Email Address
License #	
Description of Work Service Size	<u>on</u>
Description of Work Service Size	:Amps T-Pole:YesNo
Electrical Contractor's Company Name	Telephone
Address	Email Address
License # Mechanical/HVAC Contractor Infor Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License #	
Plumbing Contractor Informati	on
Description of Work	# Baths
	
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License #	
Insulation Contractor Informati	on
Insulation Contractor's Company Name & Address	Telephone
modiation contractors company reality & Address	relephone

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



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.

ignature 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	
Sign w/Title: 7, E, Triple Date: 1 NOV) 8	