

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

Application # BRES1810-0073  
MRES1908-0014  
FRES1908-0005  
ERES1908-0024

\* 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: Ivar D. Tamayo Date: 08-13/19  
Site Address: 6835 Rawls church Rd, Fuquay V. Phone: (828) 404-7707  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: Sunroom

**General Contractor Information**

Ivar D. Tamayo owner Telephone: 828-404-7707  
Building Contractor's Company Name \_\_\_\_\_  
Address: 6835 Rawls church Rd Fuquay Varina 27526 Email Address: ivareli23@gmail.com  
none.

#150

**Electrical Contractor Information**

Description of Work: 3 outlets - fan connection sunroom electrical. Service Size: 15 Amps T-Pole:  Yes  No  
Ivar D. Tamayo owner Telephone: 828 404 7707

Electrical Contractor's Company Name \_\_\_\_\_  
Address: 6835 Rawls church Rd Fuquay-Varina 27526 Email Address: ivareli23@gmail.com  
none.  
License # \_\_\_\_\_

#60

**Mechanical/HVAC Contractor Information**

Description of Work: minisplit. system.  
Ivar D. Tamayo owner Telephone: 828 404-7707

Mechanical Contractor's Company Name \_\_\_\_\_  
Address: 6835 Rawls church Rd Fuquay-Varina 27526 Email Address: ivareli23@gmail.com  
none.  
License # \_\_\_\_\_

#60

**Plumbing Contractor Information**

Description of Work: N/A # Baths: \_\_\_\_\_

Plumbing Contractor's Company Name \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
License # \_\_\_\_\_

**Insulation Contractor Information**

Ivar D. Tamayo owner Telephone: 828-404 7707  
Insulation Contractor's Company Name & Address \_\_\_\_\_  
Telephone \_\_\_\_\_

\$55

**\*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.

  
Signature of Owner/Contractor/Officer(s) of Corporation

8/23/2019  
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

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.

Sign w/Title: Ivar D. Tamayo owner

Date: 8/23/2019