

Application #

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

off off license.	
Owner's Name: Stan and Kay Curling	Date: 11 8 18
Owner's Name: Stan and Kay Curling Site Address: 375 Bakertown Rd fuguery	Varha NC Phone: 919-868-4
Subdivision:	Lot:
Description of Proposed Work: SFD and	garage
General Contractor Info	ormation
Course Priller 110	919 - 848-4707.
Building Contractor's Company Name	Telephone
Building Contractor's Company Name 1757 Oakinds Ducan Ed 2757 20 Address	ron@glerwood build
	Email Address
77509	
License #	(amostica)
Description of Work SFn Electrical Contractor Inf	ce Size: 400 Amps T-Pole: Yes \(\text{No} \)
	919-639-4837
Mabry Electric Electrical Contractor's Company Name	919-639-4837 Telephone
Address	Email Address
15077	
License #	
Mechanical/HVAC Contracto	or Information
Description of WorkSF0	
Mechanical Contractor's Company Name	919-552-7993
Mechanical Contractor's Company Name	Telephone
Address	Ford Address
Address	Email Address
License #	
Plumbing Contractor Inf	formation
Description of Work SFO	# Baths 3.5
Rushin Plumbing	
Plumbing Contractor's Company Name	Telephone
Address	Email Address
33242 - 91	
License #	and the state of t
Insulation Contractor Inf	
Live Green Insulation	919-218-7045
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 bysigning-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:
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: Date: 1(8/18)