



Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits
Must be owner or licensed contractor. Address, company, name & phone must match information on license!

Application for Residential Building and Trades Permit

Application #	BRES1817-0016
g.	FPFS 1812 0020
ng/permits	10551017.00F

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Owner's Name: (harles Eust	eff Sones		Phone: 804-73	
Site Address: 100 Tom 「	34rd	7.7		
O. ik di dajan:	· •		Lot:	
Description of Proposed Work:	Building elevated	porch for ma	bunical services	
Description 2.1 15F	General Contra	ctor Information	,	•
1			BO4-731-9718	
Building Contractor's Company	v Name	•	Telephone	
Bullating Contractor of Contractor				
Address			Email Address	
Owner	e harif 61 e			•
l icense #		tor Informatio	n .	
Description of Work	Electrical Cont	ractor Information Service Size:	Amps T-Pole: TY	esNo
Description of Work			#	· <u>·</u>
Electrical Contractor's Compa	ny Name	<u>-</u>	Telephone	
Electrical Contractor a Compa	ny ruanio			
Address		* · ·	Email Address	
Owner		150	•	
License #		- 4 . 1:-£		
,	Mechanical/HVAC	Contractor Inform	<u>lation</u>	
Description of Work		 		
			Telephone	 .
Mechanical Contractor's Com	ipany Name	1	l elebriorie	
		 ,	Email Address	
Address	'¥.	,	Lillali Madicop	. ,
Dwner .	•		, in the second	
License #	Plumbing Con	tractor Information	<u>on</u>	
Description of Work			# Baths	
Description of Work			<u>. </u>	
Plumbing Contractor's Comp	pany Name		Telephone	
Fluthbling Continuous of Comp			<u> </u>	<u>-</u>
Address			Email Address	
Dura				
License #			ion	
•	Insulation Co	ntractor İnformat	<u>ion</u>	
Insulation Contractor's Com	Nemo P Addross		Telephone	
 Inculation Contractor's Comi 	Dany Mame & Address		·	

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

carrying out the worl

Sign w/Title:

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
General Contractor Owner 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