

Application # <u>RRFS 1812-0019</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, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name:	Date: <u>2~§·-/</u> 9		
Site Address: Dugs and Us 421 Lilling In 1	- Phone: 910 904 1254		
	Lot:		
Description of Proposed Work:			
General Contractor Information			
S > S / Ka/s/h Building Contractor's Company Name	919 66.9 9467 Telephone		
Building Contractor's Company Name	Telephone		
3385 m Year Chay Ch ZJ Burnland MC			
Address	Email Address		
<u>55147</u> License #	· · · · · · · · · · · · · · · · · · ·		
Electrical Contractor Information			
Description of Work Service Size: _	Amps T-Pole:YesNo		
Electrical Contractor's Company Name	Telephone		
Address .	Email Address		
License # Mechanical/HVAC Contractor Inform	ation)		
Description of Work			
Mechanical Contractor's Company Name	Telephone		
Address	Èmail Address		
License #			
Plumbing Contractor Information	_		
Description of Work	_# Baths		
Plumbing Contractor's Company Name	Telephone		
Address	Email Address		
License #			
Insulation Contractor Information	<u>1</u>		
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 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.

\cap				
Jan Der		2-9	-19	
Signature of Owner Contrac	or/Officer(s) of Corporation	Date	14/14/24	

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: $9 - 9 - 19$
Date. 7