

Application # BRESISID-0019

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

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: Tetter Hees	Date: 2-16-19
	Site Address: 2498 Old US 421 Lillington	M Phone: 910 906 125
	Subdivision:	
	Description of Proposed Work:	
	General Contractor Information	
	Chee's MH Transit	910 850 6572
	Building Contractor's Company Name	910 850 6572 Telephone
	P.U. Box 35595 Fagettoulle Ne 28303	E
	Address	Email Address
	3532	
	License #	tion.
Description of Work Service Size:Amps		e: Amps T-Pole: Tyes TNo
	Brua TI+T Gladine	
	Electrical Contractor's Company Name	Telephone
	P.D. Box 185 RAGOD NC 28376	
	Address	Email Address
	18227-L	
	18227- L License #	
	Mechanical/HVAC Contractor Info	ormation
	Description of Work	
	Reliable Heating Air Mechanical Contractor's Company Name	910 658 2641
	Mechanical Contractor's Company Name	Telephone
	2040 Hair Rd Shannon 16 28386	
	Address	Email Address
	22270	
	License # Plumbing Contractor Informa	tion
		Assemble Common
	Description of Work	
	Chuo's M H Transit	90 850 6572
	Plumbing Contractor's Company Name	Telephone
	P.O. Box 35595 Faxethewle NL 2803	Email Address
		Email Address
	3532 License #	
	Insulation Contractor Informa	tion
	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.

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

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: Date: 2-16-191		