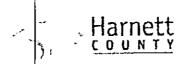
\* Each section below to be filled out by whomever performing work.
Must be owner or licensed
contractor. Address, company name &

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

## Application for Residential Building and Trades Permit

ontractor. Address, company	Application for Residential Building and Tra	ides Permit
ame & phone must match	1	. ~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
nformation on Ilcense.	Livia + Andre Leeflang	Date: 13 19 118
Owner's Name:	NIXIN + MINE	Phone: 764-363-6-33
Site Address: \28	Kezerve of	Lot:
Subdivision:	Resorve	<del></del>
Description of Propos	ed Work: Itarand tool 10133	<del></del> '
Description on Topas	General Contractor Information	1
1. 11.11	21.10	-CH-292-1100 XHVOO
- + 12+1241 4	Compony Name	Talanhana
Building Contractor's	Southern Pine Blvd	LtPcaltermits@b/co:ran
	2004-VALLY 14114	Email Address
Address		
68766	<del></del>	
License #	Electrical Contractor Information	OnAmps T-Pole:YesNo
Description of Work	Thoround Pont Service Size:	
Hail & Pool	Wining + Lighting	919-605-3612
Electrical Contractor	's Company Name	Telephone
71777 2	12 75 Hwy Willow String	Harte Pad wiring and lighting & Email Address gmail. 1cm
Address	700	Email Address 9 gmail. 1cm
30-10-4		
License #		ation
Elocitoe "	Mechanical/HVAC Contractor Infor	mation
Description of Work		<del></del>
Dodd pro-		
Mechanical Contrac	ctor's Company Name	Telephone
MCMM		
Address		Email Address
Vadicas		
License #	<del></del>	N
	Plumbing Contractor Informat	
Description of World	<u> </u>	# Baths
Dogon prize at the		
Plumbing Contracto	or's Company Name	Telephone
1 Julius Garage		
Address		Email Address
Viringe		
License #		
Bernand street	Insulation Contractor Informa	non
Insulation Contract	or'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 aubcontractors 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		
Sign w/Title: Date: Date: Date:		