\* 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 # BRES1901-0035

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

Application for Residential Building and Trades Permit

Owner's Name: Site Address: 42 Directions to job site from Lillington: Lot: Subdivision: #Bedrooms: Description of Proposed Work: Crawl Space () Slab () Finished Rec Room? Unheated SF **General Contractor Information** Telephone **Building Contractor's Company Name** Address Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation **Electrical Permit Information** Service Size: 200 Amps TPole: yes/60 910-942- 7207 Telephone Electrical Contractor's Company Name Address Signature of Officer(s) of Corporation **Mechanical Permit Information** Description of Work Telephone Address Signature of Officer(s) of Corporation **Plumbing Permit Information** # Baths Description of Work Company Name Address Signature of Officer(s) of Corporation Insulation Permit Information Telephone Insulation Contractor's Company Name & Address

A	pplication	#

Homeowners Applying to Bulld The Please answer the following questions then see a Permit Technician to determine Questionnaire per G.S. 87-14 Regulations as to Issue of Build	If you qualify for permit under Owners Exemption.		
1. Do you own the land on which this building will be construc	ted? yes no		
2. Have you hired or intend to hire an individual to superintend project?	d and manage construction of the yes no		
3. Do you intend to directly control & supervise construction a	ctivities? yes no		
4. Do you intend to schedule, contract, or directly pay for all pl done?	nases of construction work to be yes no		
5. Do you intend to personally occupy the building for at least completion of construction and do you understand that if you depresumption under law that you fraudulently secured the permi	o not do so, it creates the		
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 if <u>any</u> 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.			
Signature of Owner/Contractor/Officer(s) of Corporation Date			
Affidavit for Worker's Compensation			
	N.C.G.S. 87-14		
Affidavit for Worker's Compensation The undersigned applicant being the:	N.C.G.S. 87-14  It of the Contractor or Owner		
Affidavit for Worker's Compensation The undersigned applicant being the:  General Contractor Owner Officer/Ager Do hereby confirm under penalties of perjury that the person(s), firm(s)	N.C.G.S. 87-14  Int of the Contractor or Owner  It or corporation(s) performing the work		
Affidavit for Worker's Compensation The undersigned applicant being the:  General Contractor Owner Officer/Ager Do hereby confirm under penalties of perjury that the person(s), firm(s set forth in the permit:	N.C.G.S. 87-14  Int of the Contractor or Owner  It or corporation(s) performing the work  Interpretation insurance to cover them.		
Affidavit for Worker's Compensation The undersigned applicant being the:  General Contractor Owner Officer/Ager Do hereby confirm under penalties of perjury that the person(s), firm(s set forth in the permit:  Has three (3) or more employees and has obtained workers' compensation  Has one (1) or more subcontractors(s) and has obtained workers.	N.C.G.S. 87-14  Int of the Contractor or Owner  It) or corporation(s) performing the work  Impensation insurance to cover them.  Instrumentation insurance to cover		
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