

0.00.00	Application # BRB MB U
whomever performing work. In the owner or licensed intractor. Address, company me a phone must metch company me a phone must me a	ett. org/permits A ERES ROS-O
Owner's Name: WAKES	Date:
Site Address: 70 Almand DR	Phone:
Subdivision: 502/NS LAKE NCZ	8590 Lot:
Description of Proposed Work:	
Building Contractor's Company Name	Telephone 669_1764
Address	Email Address
License #	
Description of WorkService Size	ation ze:Amps T-Pole:Yes \ No
Electrical Contractor's Company Name	1-Pole: 11 Yes M No 1-Pole: 11 Yes M No Telephone
Address 79812-L License #	Email Address
Description of Work Mechanical HIVAC Contractor Info Address: Liberise #	elephone In 1/2 Rich Communication Email Address:
Plumbing Contractor Informa	itlon
Plumbing Contractor's Company Name	# Baths
Address	Email Address
License #	
Insulation Contractor Informa	tion
Insulation Contractor's Company Name & Address	
Marie Salin and a Could harry Marie & Address	Telephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.

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and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Hernett 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 thanges, is suitive it is my responsibility to notify the Health permit County Contract Formating Department of Signature of Owner/Contractor/Officer(s) of Corporation 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.					
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. Date: 2/1/19					

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Cash Register Receipt Harnett County

Receipt Number R2238

DESCRIPTION		1. 1 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	QTY	PAID	
PermitTRAK					
BRES1902-0007	Address: 70 ALMOND DR	APN: 0505-49-2992.00	0	\$125.00	
LAND USE FEES	s — The same of th			\$25.00	
LAND I	USE PERMIT FEE		0	\$25.00	
RESIDENTIAL B	SUILDING FEES			\$100.00	
RESIDE	ENTIAL ATTACHED OR DETACHED GARA	GE ETC	0	\$100.00	
ERES1902-0002	Address: 70 ALMOND DR	APN: 0505-49-2992.00	0	\$60.00	
RESIDENTIAL E	LECTRIC FEES			\$60.00	
MINIM	1UM ELECTRICAL FEE		0	\$60.00	
PRES1902-0001	Address: 70 ALMOND DR	APN: 0505-49-2992.00	0	\$100.00	
PLUMBING FEES				\$100.00	
MINIM	1UM PLUMBING OVER 2 FIXTURES		0	\$100.00	
TOTAL FEES PAID BY RECEIPT: R2238					

Date Paid: Tuesday, February 05, 2019 Paid By: JAMES CHARLES LAMONT

Cashier: AD

Pay Method: EMV 005969 | 228017974



HARNETT-DEVELOPMENT 108 E. Front St Lillington, NC 27546 910-893-7525

CC SALE

MID: TID: xxx9684 xxxx2853

Ref #:

228017974

Batch #:

1361350

Date/Time:

02/05/19 11:50:41 AM

Inv/Tkt #:

190205115040918

Appr Code:

005969

MasterCard

5xxxxxxxxxx5367

Chip Read

Amount USD\$ 285.00

Approved

MASTERCARD

Mode: Issuer

AID: A0000000041010

TVR: 8000008000

TSI: 6800 ARC: 00

CUSTOMER COPY