

Application #

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

tion on license.		111.11.00
Owner's Name:	13 & Jonny Dovis	Date: 6/14/19
Site Address: 68	5 Hillsid Dr Spin	Let, WC Priore
Subdivision:	blingwoul Extensis	Lot:
Description of Propo	sed Work:	
	General Contractor Info	ormation
HUR Dev	elepment Cu.	916 484 5307
Building Contractor's	Company Name	Telephone
P.o. B 0x 87	1493 Fay, WC 28304	hnrhums ognail. On Email Address
Address		Email Address
55005 License #		
	Electrical Contractor Info	ormation
Description of Work	Gwera\ Service	ce Size: Amps T-Pole: Yes No
Kingled	electical	91, 237 8890
Electrica Contractor	's Company Name	Telephone
5305 ASI	194 24. HAD WITH THE	Kringled on 6.65. con
Address	238	Email Address
License #	3_	
	Mechanical/HVAC Contracto	r Information
Description of Work	general	
Cert-Ind	Head ing & so in	9/0 858 1/29 Telephone
Mechanical Contract	tor's Company Name	Telephone
	w.d Pernell St Porks	10 M
Address	2357/	Email Address
20012 License #		
LICENSE #	Plumbing Contractor Inf	ormation
Description of Work	n (/ 1/1	# Baths
50 50 50 50 50 50 50 50 50 50 50 50 50 5	// / //	
Plumbing Contractor	's Company Name	Telephone
		_
Address		Email Address
1:		
License #	Insulation Contractor Inf	formation
Cumberle	and Insulation	910 4847118
Insulation Contractor	r's Company Name & Address	Telephone

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

LIEN AGENT INFORMATION

Effective April 1, 2013

In accordance with North Carolina General Assembly Session Law 2012-158, Inspection Departments are not allowed to issue any permit where the project cost is \$30,000 or more unless the application is for improvements to an existing dwelling that the applicant uses as a residence **OR** the property owner has designated a lien agent and provided the inspections office with the information below:

Name of Lien Agent	HNR Development Co	
Mailing address of Agent	Po Box 37493	
	Foy etter. Nr. 28304	
Physical address of Agent 2819 Racford 14		
	Fay, NC 28303	
Telephone 916 483	7.5367 Fax	
Email bochem	segmail cim	

The information will be attached to the permit record and a copy provided to the applicant. The applicant is required to post a copy on the construction site.

Excerpt from North Carolina G.S. 160A-417:

"(Effective April 1, 2013) No permit shall be issued pursuant to subdivision (1) of subsection (a) of this section where the cost of the work is thirty thousand dollars (\$30,000) or more, other than for improvements to an existing single-family residential dwelling unit as defined in G.S. 87-15.5(7) that the applicant uses as a residence, unless the name, physical and mailing address, telephone number, facsimile number, and electronic mail address of the lien agent designated by the owner pursuant to G.S. 44A-11.1(a) is conspicuously set forth in the permit or in an attachment thereto. The building permit may contain the lien agent's electronic mail address. The lien agent information for each permit issued pursuant to this subsection shall be maintained by the inspection department in the same manner and in the same location in which it maintains its record of building permits issued."



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.

Contractor/Officer(s) of Corporation

6114119

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/Tile			