

Application # 1312ES1900-000

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

Owner's Name: Karl Facer	Date: 40hnl
	Date: 40km () Phone: 703398617
Site Address: 7/ Claredon ct Subdivision: 0xfood Needs Description of Proposed Work: Screened Porch General Contractor Information	Phone:
Subdivision: EXTUGE NEEDS	Lot:
Description of Proposed Work: Servened Porch	
JED contractor Service INC	Telephone <u>Joentractor Service C. gunar</u> Email Address
Buildind Contractor's Company Name	Telephone
22 Clear field dr Anger Ne 27501	Jocontractor Service P. gmai
Address	Email Address
80920	
License # Electrical Contractor Informat	tion
Description of Work Service Size	
Electrical Contractor's Company Name	Telephone
Address	Email Address
License #	
Mechanical/HVAC Contractor Info	rmation
Description of Work	<u> </u>
	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
*	
License #	lon
Plumbing Contractor Informati	
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License # Insulation Contractor Information	ion
	=
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. Jua19 Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: General Contractor 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: