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Description of Proposed Work: 6ALAGE 30 Y 22	
General Contractor Information	an 124-1913
TARHER BLAS	910 924 -6713 Telephone BEdge 91 A01, Com
Building Contractor's Company Name	REduce 91 AOI, Com
Building Contractor's Company Name  4001 CUBB BURLAND RD. FAY ZE356	Email Address
Address	
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Description of Work OARAGE Service Size:	on T Date: T Ves T No
Description of Work CARAGE 30x 22 Service Size:	624-6578
MINNI CONTINS	Telephone
Electrical Contractor's Company Name	Letebuorie
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Address	Lilian Addisos
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License # Mechanical/HVAC Contractor Infor	mation
modification	
Description of Work	
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Plumbing Contractor information	# Baths
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License # Insulation Contractor Informa	ation
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Insulation Contractor's Company Name & Address	Telephone
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\*NOTE: General Contractor / owner must fill out and sign the second page of this application.

Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: Officer/Agent of the Contractor or Owner General Contractor 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. Elg OFFICE BAN AND Date: 6-17-19

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue tee

is as per current fee schedule.