

Application # BRESI900 - OOS

\*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. Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

ion on license.	(105/10
Owner's Name: Name:	
Site Address: 45 Orchard Falls Dr	Phone 910-885-1773
Subdivision:	Lot:
Description of Proposed Work: install Diers to Sta	bilize existing structure
General Contractor Info	rmation
TES Tarheel LLC	336-464-9725
Building Contractor's Company Name 2910 GC: FFRH Rd Winston - Salam	Telephone  toun & tour hard base Endail Address by Stams. Co
79336 Ano3	Email Address By Stems. Co
License # Electrical Contractor Info	rmation
Description of Work Service	Size: Amps T-Pole: Yes No
Electrical Contractor's Company Name	Telephone
AD1	•
Address	Email Address
License #	
Mechanical/HVAC Contractor	Information
Description of Work	
	<u> </u>
Mechanical Contractor's Company Name	Telephone
Address	Email Address
/ Iddi OSS	Email Address
License #	
Plumbing Contractor Info	<del></del>
Description of Work	# Baths
	-
Plumbing Contractor's Company Name	Telephone
Address	Email Address
, radicus	Littali Address
License #	
Insulation Contractor Info	rmation .
Insulation Contractor's Company Name & Address	Totanhama
. !	Telephone
ANOTE: Company Continue of a Property of the Continue of the C	and the Control of Con
*NOTE: General Contractor / owner must fill out and sig	n the second page of this application,

strong roots • new growth

Page: 3 of 10



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. 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 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.

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.

Has no more than two (2) employees and no subcontractors.