

\* 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

Application # <u>IBRESIGO7</u> -0001

ERESIGO7 -0004

PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits ERES1907-0004 MRES1907-0000

Application for Residential Building and Trades Permit

PRESIGO7-0001 IRES 1907-000

Owner's Name: Joh 4 JEP DATE!	Date:
Site Address: 125 MC/AMB RD. COATS, NC 27521	Phone: 910-808-5646
	Lot:
Description of Proposed Work: 400 SF ADDITION - BONUS A	dired, conce the
General Contractor Information	<u>n</u>
BRANDON SMITH	Telephone  Scholl Hyatio.com  Email Address
Building Contractor's Company Name	Telephone
1607 CLAYMOIE R.S. DUNN, NC 27521	scebsnith pyatco.com
Address	Email Address
73532	
License #	
Description of Work ADDITION Service Size:	on Arma T Dalar Van Ala
Service Size:	Amps 1-Pole:YesNo
1. Euse Prese Citillate aper	119-140-1004
Electrical Contractor's Company Name	Telephone
2416 NEW BETHER CHURCH RO- GARNER 27529	For all Address
Address	Email Address
30031-L License #	
Mechanical/HVAC Contractor Inform	nation
Description of Work Abbitton Reserved MINI- SPU	
POLAR BEAR HEATING + AIR	910-984-6059
Mechanical Contractor's Company Name	Telephone
P.O. Box 981 SSE. MAN St COME 27021	
Address	Email Address
30048	
License #	
Plumbing Contractor Information	<u>on</u>
Description of Work ADDI 410N - BATHLES	# Baths/
WAGNER PLUMBING ING	919-228-1532
Plumbing Contractor's Company Name	Telephone
555 TIRZAM DE LILLENGTON, NE 27546	
Address	Email Address
31570 License #	
Insulation Contractor Information	The second secon
LIVE GREEN INSUATION	919-453-6411
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.

1000 501012381

**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.	
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: Resident G.C. Date: 7/19	