

Application # BDES 1907-0029

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: TIM DAY Date: _____
Site Address: 4057 LEAFLET Church RD LILLINGTON Phone: 919-946-4313
Subdivision: _____ Lot: _____
Description of Proposed Work: NEW STORAGE SHED/BLDG

General Contractor Information

BRAD D. CUMMINGS CONST. CO. INC. 919-770-4693
Building Contractor's Company Name Telephone
PO BOX 145 SANFORD 27331
Address Email Address
68866
License #

Electrical Contractor Information

Description of Work 100 AMP SUB PANEL Service Size: 100 Amps T-Pole: Yes No
PIONEER ELECTRIC 919-499-7767
Electrical Contractor's Company Name Telephone
80 NEIL THOMAS RD LILLINGTON
Address Email Address
21643
License #

Mechanical/HVAC Contractor Information

Description of Work _____
Mechanical Contractor's Company Name NA Telephone _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name NA Telephone _____
Address _____ Email Address _____
License # _____

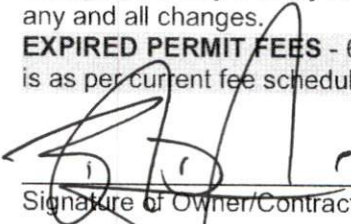
Insulation Contractor Information

Insulation Contractor's Company Name & Address NA 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.



 Signature of Owner/Contractor/Officer(s) of Corporation

11-July-2019

 Date

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:  PRESIDENT

Date: 11-July-2019