

Application # <u>BRES1907</u> - 003

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.

phone must match ion on license.	Application for Residential Building and T	1) 000	
Owner's Name: 9/10	eria Del. Carmen Pacheco Jes	51'ca. 670 Na Date: 7/15/19	
Site Address: 49	Ideal lane	Phone: (910)658-3760	
Subdivision:		Lot:	
Description of Propose	d Work: Roof Fixture		
General Contractor Information			
Building Contractor's C		(910) 658 - 3878 Telephone	
49 Icleal (ane Dunn WC 28334.	Email Address	
License #	Electrical Contractor Information	on	
Description of Work	Service Size:	Amps T-Pole: Tyes No	
Electrical Contractor's	Company Name	Telephone	
Address	-	Email Address	
License # Mechanical/HVAC Contractor Information Description of Work			
Mechanical Contractor's Company Name		Telephone	
Address		Email Address	
License #	Plumbing Contractor Information	<u>on</u>	
Description of Work		# Baths	
Plumbing Contractor's Company Name		Telephone	
Address		Email Address	
License #	Insulation Contractor Informati	<u>on</u>	
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.

Signature of Owner/Contractor/Office (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:Date:			