

Application # BRESIGOT-0044

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match 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

tion on license.	
Owner's Name: Tationa Schlienz	Date: Joly 22, 2
Site Address: 272 Heathrow Dr. Spr	ung labe Phone: 910 303 513 6
Subdivision:	Lot:
Description of Proposed Work: Construction of	
General Contractor I	nformation
Bramble Builders Inc	910 424 1180
Building Contractor's Company Name	Telephone
3119 Canden Rd Fay, NC 28	306 hooper @ bramble builder
Address	Email Address
License #	
Electrical Contractor	Information
Description of Work Add reduce For receps Se Kilowatts Fleet Co. Electrical Contractor's Company Name 193 Dark Wood Dr. Springheke Address	rvice Size:Amps T-Pole:YesNo
Silowatts Fleet Co.	9198427602
Electrical Contractor's Company Name	Telephone
193 Der K, Wood Dr. Springhete	Jimmy Lucas 1910 + 6 mail
Address	Email Address
2000 /- 1	
License # Mechanical/HVAC Contra	star Information
	,
Description of Work	6
Mechanical Contractor's Company Name	Telephone
in a second and a second a second and a second a second and a second a second and a	relephone
Address	Email Address
	2.1101171000
License #	
Plumbing Contractor	Information
Description of Work	# Baths_
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License #	
Insulation Contractor	Information
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.

While 7/22/19		
Signature of Owner/Contractor/Officer(s) of Corporation Date		
Harold Caper Supervisor		
Supervisor		
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: 7/20/19		
Hardel Cooper		