

Application # BRES1908 000

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

informati

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

phone must match	Application for Residential Buildi		
Owner's Name:	Jocky Tant		Date: 8/1/19
Site Address:	Vicky Tant 75 clarendon ct An	igher NC	Phone: 9/9 4346919
Subdivision:			Lot:
Description of Propose	ed Work: Scrund Porch &	Deck	
Lee Johnson	General Contractor In John Contractor Service Company Name Ld dr Angler NC	·	9194270218
Building Contractor's C	Company Name	To	elephone
28 Clearfre	ld dr Angler NC	_JDCon	tractor service @ cmall.
Address	<i>0</i>	E	mail Address
80920	_		
License #	Electrical Contractor I	nformation	
Description of Work	Ser	vice Size:	Amps T-Pole: Tyes No
		_	
Electrical Contractor's	Company Name		elephone
		_ ') _	
Address		/ E	mail Address
License #	_		
License #	Mechanical/HVAC Contrac	tor Informati	on
Description of Work			
_			
Mechanical Contractor	's Company Name		elephone
Address		E	mail Address
	_		
License #	Plumbing Contractor I		ű.
5	Plumbing Contractor I		- "
Description of Work		#	Baths
Plumbing Contractor's	Company Nama	√ ∓	elephone
Flumbing Contractor's	Company Name	/ "	elephone
Address			mail Address
W SUTSTILL TO TO TO			
License #	_		
	Insulation Contractor I	<u>nformation</u>	
		_ =	
Insulation Contractor's	Company Name & Address	To	elephone

*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 bysigning-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

8/1/19

is as per current fee schedule.

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				
Sign w/Title: Date: 8/1/19				