



Application # BRES19091-0036

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

ERES2001-0019

PRES2001-0014

IRRES2001-0007

\* 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: Felix Zelaya, Anita Ramos Date: 09-18-19  
Site Address: 236 winding rdg Sanford N.C Phone: (347) 248-3235  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: \_\_\_\_\_

**General Contractor Information**

Felix Zelaya, Anita Ramos (347) 248-3235  
Building Contractor's Company Name Telephone  
236 winding rdg Sanford NC 27332  
Address Email Address

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work estudio Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No  
wiring and addition to the house  
Electrical Contractor's Company Name Telephone  
from adding a panel to the last  
Address Email Address  
recapitule.  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work ~~Felix Zelaya, Anita Ramos~~  
Mechanical Contractor's Company Name (347) 248-3235 Telephone  
Address Email Address  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work Felix Zelaya, Anita Ramos # Baths (347) 248-3235  
Add a complete Bathroom, Shower  
Plumbing Contractor's Company Name Telephone  
Sink, toilet. Sinks in the kitchen  
Address Email Address  
License # \_\_\_\_\_

**Insulation Contractor Information**

Felix Zelaya, Anita Ramos (347) 248-3235  
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.

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

09-18-19  
Date

Felix Zelazka

1-14-2000 Revised

**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: \_\_\_\_\_