

*NOTE: General Contractor / owner must fill out and sign the second page of this application.

Insulation Contractor's Company Name & Address _____
Telephone _____

Insulation Contractor Information

License # _____
Address _____
Email Address _____

Plumbing Contractor's Company Name _____
Telephone _____

Plumbing Contractor Information

License # _____
Address _____
Email Address _____

Mechanical Contractor's Company Name _____
Telephone _____

Mechanical/HVAC Contractor Information

License # _____
Address _____
Email Address _____

Electrical Contractor's Company Name _____
Telephone _____

Electrical Contractor Information

License # _____
Address _____
Email Address _____

Description of Work: _____
Service Size: _____ Amps T-Pole: Yes No

General Contractor Information

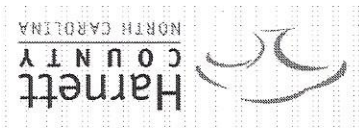
Building Contractor's Company Name _____
Telephone _____
Description of Proposed Work: _____

Site Address: _____
Subdivision: _____
Lot: _____
Date: _____

Application for Residential Building and Trades Permit

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

Application # _____



* 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.

Handwritten: jnielsen@rbengineering.com

Handwritten: 168 Grade Dr. Cary NC. 27513

Handwritten: Red Rock Construction 919 677-9662

Handwritten: Foundation Repair

Handwritten: 27 Strike Eagle Drive

Handwritten: Lindu Santos

Handwritten: 203-695-8129

Handwritten: 10-28-19

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: Law B. Tittel President of Ren Rock Construction, LLC Date: 10/28/19

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 contractor 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: _____
 Date: 10-28-19

