

Application # Bresaco1-0024

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.

## **Application for Residential Building and Trades Permit**

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Owner's Name: Michelle + Gregory Mc Millan	Date: 1/15/20
Owner's Name: Michelle + Gregory Mc Millan Site Address: 56 Shelby St., Spring Lake	Phone: 9/0 - 322 - 2638
Subdivision: Westerfield Farms	Lot:
Description of Proposed Work: 15'x 38' Inground Prod	Total Job Cost: 946, 414
General Contractor Information	
Building Contractor's Company Name	910- 429-0086 Telephone
3011 Town Center Dr. Ste 130	Email Address Pools @ AOL. Com
Address	Email Address
69990	
License #	
Description of Work	Maria T-Pole: Yes No
Z Service dize.	910-527-9404
Zips Flectric Electrical Contractor's Company Name	Telephone
Address Diver Dr., Hope Mills	Email Address
211/9	
License #	and the second s
Mechanical/HVAC Contractor Inform	ation
Description of Work	
Mechanical Contractor's Company Name	Telephone
	First Address
Address	Email Address
License #	
Plumbing Contractor Information	<u>n</u>
Description of Work	
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License #	_
Insulation Contractor Information	<u>u</u>
Inculation Contractor's Company Name & Address	Telephone
Insulation Contractor's Company Name & Address	Tolopholio

\*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/Officer(s) of Corporation

M/15/20 Date

Affidavit for Worker's Compensation N.C.G.S. 87-14					
The undersigned applica	nt being the:				
General Contrac	ctor Owner	Officer/Age	ent of the Contractor or Own	ner	
set forth in the permit:			s) or corporation(s) perform		
Has three (3) or m	ore employees and ha	s obtained workers' o	compensation insurance to	cover them.	
Has one (1) or mo	ore subcontractors(s) ar	nd has obtained work	ers' compensation insuran	ce to cover	
Has one (1) or mo covering themselves.	ore subcontractors(s) w	ho has their own polic	cy of workers' compensatio	n insurance	
Has no more than	two (2) employees and	d no subcontractors.			
Department issuing the p	permit may require certi	ficates of coverage of	rstood that the Central Per f worker's compensation in rom any person, firm or cor	surance prior	
Sign w/Title:	- Bredely	President	Date: / / 5	120	