

Application # Breszool-W27

* 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. 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

Owner's Name: Wille Watson	Date: 2/14/20
Site Address: 65 Character Court	Date: 2/14/28
Supplivision.	
Description of Proposed Work: Contract a metal Bldg	Total lab Coats and IBN 5-0-7
Second Se	, Total Job Cost: (40 4: 26500
Top of the line Builders (TD)	(833) 865-2255
Building Contractor's Company Name	Inchelephone 877-916-6482
Address Toast, AC 27049 Buildings-	
82045 License #	Email Address
Description of Work Service Size	<u>on</u>
Service Size	:Amps T-Pole:YesNo
Electrical Contractor's Company Name	Telephone
	relephone
Address	Email Address
	Liliai Addless
License #	
Mechanical/HVAC Contractor Information	
Description of Work	
Mechanical Contractor's Company Name	Telephone
	Тоюрнопе
Address	Email Address
	Littali Address
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 No. 2. 2. 1. 1.	
Insulation Contractor's Company Name & Address	Telephone

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

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



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 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.

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: Willie Water Date: 2/14/2020	