

Application # <u>Bres 2083-0</u>007 Eres 2003-600 /

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

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** 

on on license.		1-1
Owner's Name:	Chad Wiggins 4 NC 27 E Cogts, NC 275	Date: <u>3/3/2</u>
Site Address: 352	4 NC 27 E Cogts, NC 275	21 Phone: 336-482-5
Subdivision: N/A		Lot:
Description of Proposed Work: Metal Storage Building		Total Job Cost: # 6,500
	General Contractor Informa	
Newmart	Builders Inc.	1-800-547-8480
Building Contractor's Company Name		Telephone
1000 Cycle Lane South Hill, VA 23970 Address		Email Address
Address		Email Address
License #	<del></del>	
Description of West	Wiring for Storage Building Service S	nation
Description of work	Wiring for Storage Building Service S	ize: <u>//// Amps I-Pole:Yes V</u>
Electrical Contractor	's Company Name	Telephone
	E Coats, NC 27521	
Address	Comp, 11	Chod. Wigins @ ecolab. com Email Address
-		
License #	Mechanical/HVAC Contractor In	formation
Description of Work	mosnamous/11/20 Contractor in	<del></del>
Description of Work		
Mechanical Contractor's Company Name		Telephone
Address		Email Address
License #		
Licerise #	Plumbing Contractor Inform	nation
Description of Work		# Baths
Plumbing Contractor's Company Name		Telephone
Address		Email Address
License #		
and the second s	Insulation Contractor Inform	nation
		_
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 <a href="bysigning below I have obtained all subcontractors">bysigning below I have obtained all subcontractors</a> <a href="permission to obtain these permits">permission to obtain these permits</a> and if <a href="mainto: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(a) of Corporation  Date  Page  13/3/20			
Signature of Owner/Contractor/Officer(s) of Corporation 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 carrying out the work.			
Sign w/Title:			