

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. Applica
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

tion on license.	4	Date:
Owner's Name:	Dagen schutz, Jerrie	28326 Phone: 2532980185
Site Address: 151	Dagen schutz, Jerrid Pittfield Ruh, Cameron NC:	10: 0995651902824S
Subdivision: Mana	Pitt field Ruh, Cameron NC. at Lexington Plantation Work: Repair Garage extiarin wall	Total Joh Cost: \$ 8,276.11
Description of Proposed	Work: Kepan Garage Di	_ 10(a) 300 000
	General Contractor Itti	910 635 67 43 910 Tolophone
Highland Co	in struction	Telephone
Building Contractor's Co	ompany Name	Telephone Patrick. Rale @ Teamhighland. co
1409 Clinto	n Rd, Fayetteville, NC 28301	Email Address
Address		
25594 License #		
License #	Electrical Contractor Informatio	Amps T-Pole: Yes No
Description of Work	Service Size:	Amps T-Pole:YesNo
	ALCE CONTRACTOR CONTRA	Telephone
Electrical Contractor's	Company Name	Tolophone
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Address		No. of the contract of the con
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License #	Mechanical/HVAC Contractor Inform	nation
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Description of Work	en en menden et en allegen et en	N. A. C.
Mechanical Contractor's	s Company Name	Telephone
vietnamical Community		
Address	A CONTRACTOR OF THE CONTRACTOR	Email Address
1001633		
icense#	- Augusta Informati	ion
and the second section and the	Plumbing Contractor Informat	1011
Description of Work	10 mg 10	# Baths
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Plumbing Contractor's C	Company Name	Telephone
Jambing Comme		
ddress		Email Address
uuless		
icense #	-	
1061136 T	Insulation Contractor Informa	ation
sulation Contractor's (Company Name & Address	Telephone
CAIMING CALLEGE CO.		

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

strong roots • new growth



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. 4/1/2020 Date

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

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: The President Date: 4/1/2020