

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. 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

Date:16]20
Phone: 516 - 810 - 600 6
Lot:
of House Total Job Cost: \$4300.00
nation
516-310-6006
Telephone
Email Address
Email Address
mation
Size:Amps T-Pole:YesN
Telephone
Email Address
Information
Telephone
Email Address
rmation
Baths
Telephone
Email Address
rmation
Illiation
Telephone

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

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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. 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.

Kistytur		4/15/28
ignature of Owner/Contractor/Off	ncer(s) of Corpor	ration Date
Affidavit		Compensation N.C.G.S. 87-14
129		
General Contractor	Owner _	Officer/Agent of the Contractor or Owner
Do hereby confirm under penalties set forth in the permit:	s of perjury that t	the person(s), firm(s) or corporation(s) performing the work
✓ Has three (3) or more emp	loyees and has o	obtained workers' compensation insurance to cover them.
Has one (1) or more subco	ntractors(s) and	has obtained workers' compensation insurance to cover
Has one (1) or more subco	ntractors(s) who	o has their own policy of workers' compensation insurance
Has no more than two (2)	employees and n	no subcontractors.
Department issuing the permit ma	y require certific	is sought it is understood that the Central Permitting cates of coverage of worker's compensation insurance prior the permitted work from any person, firm or corporation
Sign w/Title: Kuth		Date: 4/15/20

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