

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits

Certification of Work Performed By Owner/Contractor (Individual Trade Application)

Owner (s) of Structure: Brian Seidel Phone: 606 682 3037
 Owner (s) Mailing Address: 4094 Ross Rd
Lillington, NC 27546
 Land Owner Name (s): Brian Seidel Phone: 606-682-3037
 Construction or Site Address: 4094 Ross Rd Lillington, NC 27546
 PIN # 2020004879 Parcel # 100578000102
 Job Cost: \$4000.00 Description of Work to be done Deck on back of house

N/A

Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other
 Electrical*: 200 Amp <200 Amp Service Change Service Reconnect Other
 * For Progress Energy customers we need the premise number
 Plumbing: Water/Sewer Tap Number of Baths Water Heater

Specific Directions to Job from Lillington:

travel ~4 miles on Ross Rd from Lillington;
from Main St past County prison to 4094 Ross Rd on (R) side

Subdivision: N/A Lot #: _____

I _____ will provide the _____ labor on this structure.
(Contractor's Name) (Trade)

I am the building owner or my NC state license number is _____, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

License # _____

Structure Owner / Contractor Signature: Brian Seidel Date: 10 May 2020

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

***Company name, address, & phone must match information on license**



Application # _____

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* 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

Owner's Name: Brian Seidel Date: 10 May 2020
Site Address: 4094 Ross Rd Lillington, NC 27546 Phone: 1006-682-3037
Subdivision: N/A Lot: _____
Description of Proposed Work: deck-back of house Total Job Cost: \$4000.00

General Contractor Information

N/A
Building Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Electrical Contractor Information

Description of Work N/A Service Size: _____ Amps T-Pole: ___ Yes ___ No
Electrical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Mechanical/HVAC Contractor Information

Description of Work N/A
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work N/A # Baths _____
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Insulation Contractor Information

N/A
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 **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

Ben R. Hurd
Signature of Owner/Contractor/Officer(s) of Corporation

10 May 2020
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: Ben R. Hurd, owner Date: 10 May 2020