

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* 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

A T	
Owner's Name: Monique lorres	Date: 5 · 20 · 10
Owner's Name: Monique Torres Site Address: 46 Tiben Howington Drue	Phone: 910- 494- 7556
Subdivision: Mamie Bell Ridge	Lot: 954
O I	Total Job Cost: 71, 199
General Contractor Information	
Parrot Bay Pools	
Building Contractor's Company Name	919-527-4847 Telephone
1629 N. Main Street FV NC 2752L	sales @ parrot bay pools nc. con Email Address
Address	Email Address
69990	
License #	
Description of Work wire pool equip + bonding Service Size:	Marie T-Pole: Ves V No
Cumberland Electrical Services	
Electrical Contractor's Company Name	910 - 316 - 7813 Telephone
	relephone
Address Rd Hope MIMS SIC 2834 E	Email Address
12233	
License #	
Mechanical/HVAC Contractor Inform	nation
Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License #	
Plumbing Contractor Information	
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
	F
Address	Email Address
License #	
Insulation Contractor Information	o <u>n</u>
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	
s as per current fee schedule.	
5-20.70	
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:	
The undereigned applicant being the.	
General Contractor Owner Officer/Agent of the Contractor or Owner	
omisi omisi omisi , gont its contactor 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	
hem.	
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	
o 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: Date:	
17 //	

