

Application #

\* 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.	Date May 28 7
Owner's Name: 3 EKIS L- B	ovell Date: May 28 2 Vary Cameron NC Phone: 910) 978-1216
Site Address: 129 Bicentennial	that came ton 100 Phone: 4707 470 1212
Subdivision: Village of Feyinglo	a Tool 1 - For We delivant
Description of Proposed Work: Back f	Porch Total Job Cost: \$ 1,300.00
General	Contractor Information
Homeowner	
Building Contractor's Company Name	Telephone
Address	Email Address
-	
License # Electrica	Contractor Information
Description of Work	Service Size:Amps T-Pole:YesNo
Electrical Contractor's Company Name	Telephone
Address	Email Address
License #	
	IVAC Contractor Information
Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	. Email Address
	Email Address
License #	Ellian Address
License #	g Contractor Information
Plumbing	g Contractor Information
Plumbing	Contractor Information
Plumbing Description of Work	g Contractor Information
Plumbing Description of Work  Plumbing Contractor's Company Name	# Baths Telephone
Plumbing Description of Work	Contractor Information  # Baths
Plumbing Description of Work Plumbing Contractor's Company Name Address License #	Telephone  Email Address
Plumbing Description of Work Plumbing Contractor's Company Name Address License #	# Baths Telephone
Plumbing Description of Work Plumbing Contractor's Company Name Address License #	Telephone  Email Address  Contractor Information

\*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.

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(s) of Corporation

May 28 2020

The undersigned	Affidavit for Worker's Compensation N.C.G.S. 87-14 applicant being the:
Do hereby confirs	ContractorOwnerOfficer/Agent of the Contractor or Owner munder penalties of perjury that the person(s), firm(s) or corporation(s) performing the work rmit:
Has three	(3) or more employees and has obtained workers' compensation insurance to cover them. ) or more subcontractors(s) and has obtained workers' compensation insurance to cover
Has one (1 covering themselv	) or more subcontractors(s) who has their own policy of workers' compensation insurance
Has no mo	re than two (2) employees and no subcontractors.
While working on I	the project for which this permit is sought it is understood that the Central Permitting general that the permit may require certificates of coverage of worker's compensation insurance prior permit and at any time during the permitted work from any person, firm or corporation
ign w/Title:	Date
	Date: