

Application # ______

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546

* 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.

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit Owner's Name: Date: 6 -12-20 Site Address: 160 Phone: 9/0 -658-6728 Subdivision: N/A Description of Proposed Work: _^ Total Job Cost: 28, General Contractor Information Building Contractor's Company Name 90-508-6502 Telephone P.O. Box 203 Lillington Simple Crestoration Email Address Address 70494 License # Description of Work Pioneer Electrical Contractor Information Electrical Contractor Information Electrical Contractor Information Electrical Contractor Information _Amps T-Pole: ___Yes V No 919-291-0376 Electrical Contractor's Company Name Telephone 108 Neill Thomas Rd. **Email Address** Mechanical/HVAC Contractor Information Description of Work Ductwork Mechanical Contractor's Company Name **Email Address** Plumbing Contractor Information Description of Work New # Baths Plumbing Contractor's Company Name **Email Address Insulation Contractor Information** atum Insulation Insulation Contractor's Company Name & Address

*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.

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

6-16-20 Date

Affidavit	for Worker's (Compensation N.C.G.S. 87-14
The undersigned applicant being	tne:	
General Contractor	Owner	Officer/Agent of the Contractor or Owner
Do hereby confirm under penaltie set forth in the permit:	s of perjury that th	e person(s), firm(s) or corporation(s) performing the work
Has three (3) or more emp	loyees and has ob	tained workers' compensation insurance to cover them.
Has one (1) or more subco	ontractors(s) and ha	as obtained workers' compensation insurance to cover
Has one (1) or more subcocovering themselves.	ntractors(s) who h	as their own policy of workers' compensation insurance
Has no more than two (2) e	employees and no	subcontractors.
Department issuing the permit ma to issuance of the permit and at ar carrying out the work.	y require certificate ny time during the p	sought it is understood that the Central Permitting es of coverage of worker's compensation insurance prior permitted work from any person, firm or corporation
Sign w/Title: Lans Jo	ylan (t	Date: 6-16-20