

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. 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.	
Owner's Name: RAY & MARTHA CAROL PIER	Date: 6-19-2020
Site Address: 15 HONEY SWEET Ct	Phone: 919-915-22993766
Subdivision: Adams Point	Lot: 17
Description of Proposed Work: +it in Enclose nor tially	Total Job Cost: \$6,000(?)
General Contractor Informatio	Hvable ma
RAYMOND PIER	9,9-915-3297 3766
Building Contractor's Company Name	Telephone
15 HONEY SWEET CT, ANgier NC	carolpifer@yahoo.com
Andress	Email Address
DIY project OWNER	
License # /	
Description of Work add a few Electrical Contractor Information	Amps T-Pole: Yes No
REX DEAN butlets -	
Electrical Contractor's Company Name	Telephone
Address DECE TO Address	
Address	Email Address
OWNER	
License #	
Mechanical/HVAC Contractor Inform	nation / C C C C C C C C C C C C C C C C C C
Description of Work INSTALLED AVAC SYSTEM	To 2nd theor finished
Mechanical Contractor's Company Name	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
OWNER	Email Address
License #	,
Plumbing Contractor Information	$\frac{1}{N}$ $\frac{1}{N}$
Description of Work	_# Baths
Plumbing Contractor's Company Name	Telephone
	- 1915
Address	Email Address
License #	
Insulation Contractor Information	$\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$
OWNER	- : //
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.

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

Martha Capain Tiper

6-18-2020 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: X Kaymand & Pot Date: 6-18-2020