Building # -	31
Unit# _	4



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**

ormation on license.		TIGUOS I CITITE
Owner's Name:	Campbell Binte Partner LLC	Date: 6/22/20
Site Address: 218	Butler Commons Drive	Phone: 910 814, 42 24
Subdivision:	Complete Points Phase TV	Lot:
Description of Propose	1147 1	Total Job Cost:
	General Contractor Informatio	
JASON PM	Ce Construction Inc.	
Building Contractor's C	Company Name	7/0 8/4- 4236 Telephone
2323 Re: 41 4	Me Rd Lillington Ne 27546	TPETIECON STOUTTEND VALOR
	1	Email Address
50 85 9 License #		
	Electrical Contractor Information	on
Description of Work _/	Townhome Service Size:	Amps T-Pole: Yes No
W3 Electric	Inc	_
Electrical Contractor's		7/9 550-734/ Telephone
Address	a Street (/s, ton Ne) 25%	STones @ W3eketrie con
11452-L		Email Address
License #	<u>-</u>	
	Mechanical/HVAC Contractor Inform	mation
Description of Work	New Topahome	
Certofoed A	Heating + Bir Inc. s Company Name	910 858-0000
Mechanical Contractor	s Company Name	Telephone
207 W. DAVIS/	Pannell St. Parkto, NC 28371	Chrin- Certified @ SMAIL. LAW
		Email Address
<u>H3 (1200</u> License #	2/2	
LIOUTISE #	Plumbing Contractor Information	on
Description of Work	New Townhone	and the second
6 lovers Contra	at Plansing Inc	919868 2959
Plumbing Contractor's	Company Name	Telephone
394 Ruxil Ho	llow San Ford, NC 27332	Slaver plumsing inco Ralestones!
Address	, , , ,	Email Address
23/60	_	
License #	Insulation Contractor Information	
Parker Tool	/ - 111 - 1	90514
Insulation Contractor's	Company Name & Address	9/0 564 - 4/2 2 Telephone
	, , , , , , , , , , , , , , , , , , , ,	1 Siephone
	TO COURT SHOW SHOULD BE AND SH	

\*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

6/22/20

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: Date: 6/22/2