Building #	32
Unit#	3



Application #

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

Application for Residential Building and Trades Permit

on on license.		
Owner's Name: Campell Pointe Partner LLC	Date: 6/22/20	
Site Address: 242 Butler Commons Drive	Phone: 910 814-4236	
Subdivision: Complete Pointe Phase TV	Lot:	
Description of Proposed Work: Acm Town home	_ Total Job Cost:	
General Contractor Information		
DASON Price Construction Inc	910 814-4236	
building Contractor's Company Name	Telephone	
2323 Reit Hills Rd Lillington Ne 27546	SPETCECON STRUCTION O VARON	
Address	SPETCECON STRUCTION Q JAHOO, U Email Address	
50859		
License # <u>Electrical Contractor Information</u>		
Description of Work New Townhome Service Size:	Amps T-Pole: Yes No	
W3 Elechie Fre		
Electrical Contractor's Company Name	7/3 550 - 734/ Telephone	
308 W Man Street (/s, for Ne) 7570 Address	STONES Willetin un	
	Email Address	
11 452-4		
License #		
Mechanical/HVAC Contractor Inform	ation	
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*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

G/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: 6/22/20		