Buildins# 33 Unit# 2



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

Owner's Name: Campall Pointe Patace Lact	tion on license.	1	
Site Address: 294 Reflections for Company Phone: 7/08/4/23 Subdivision: Lot: Description of Proposed Work: Report Finds To Lot: Description of Proposed Work: Report Finds To Lot: Seneral Contractor Information Building Contractor's Company Name Telephone Building Contractor's Company Name Telephone Service Size: Du Amps T-Pole: Yes No License # Electrical Contractor Information Description of Work New Townships Service Size: Du Amps T-Pole: Yes No License # Mechanical/HVAC Contractor Information Description of Work New Townships Email Address 1/952-11 License # Mechanical/HVAC Contractor Information Description of Work New Townships Email Address Telephone	Owner's Name:	sell Pointe Partaux LLC	Date: 6/22/30
Description of Proposed Work: General Contractor Information JASSN Price Construction Free 9/0 844-4234 Building Contractor's Company Name 323 Neth Hills 2d Lilling NL 27544 Address Description of Work New Townham Service Size: 2w Amps T-Pole: Yes No W3 Charles Free (Is, has NL 2757) Electrical Contractor's Company Name 308 W Man Street (Is, has NL 2757) Electrical Contractor's Company Name 1/452-12 License # Mechanical/HVAC Contractor Information Description of Work New Townham Free Plumbing Contractor's Company Name 207 W Man Street Free Free Parket Western Free Plumbing Contractor's Company Name Plumbing Contractor's Company Name Plumbing Contractor's Company Name 394 Runi Hollow San had NL 27387 Storm Plumbing; neg Rate Image Telephone 394 Runi Hollow San had NL 27387 Storm Plumbing; neg Rate Image Telephone			
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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