Building #	30
Unit#	5



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 information on license.

Application for Residential Building and Trades Permit

tion on license.	The state of the s		
Owner's Name:	Campbell Binte Partner LLC	Date: 6/22/2	
Site Address: /86	Butler Commons Ofice	Phone: 910 814 42	21
Subdivision:	CAMPSell Printe Phase TE	Lot:	20
Description of Propose	ed Work: Acro Town home	Total Job Cost:	-
	General Contractor Informati		_
DASON //	Company Name	910 814-4231	
2730 / // //	Company Name	Telephone	
Address /2 541 4.	'Me Pd Lillighow, Ne 27546	JPETLELON STRUCTION O YA	1100, W
50859		Email Address	
License #	-		
Description of Mark	Electrical Contractor Informati	ion	
Description of Work /	Las Townhome Service Size		
Flectrical Contractor's	Company Name	7/3 550 - 734/ Telephone	
30812 4	C/ / // / 1	lelephone	
Address	n Street (/s, for Ne 27570	= sones @ W3electric. C	in
11452-u		Email Address	
License #			
2.001.00 #			
	Mechanical/HVAC Contractor Infor	mation	
Description of Work	New Topin home		
Description of Work	New Townhome	900 0000	
Description of Work	New Townhome	900 0000	
Description of Work	New Townhome	710 858-0000 Telephone Chrin-Certified@Smail.	011-
Description of Work Les to for L Mechanical Contractor 207 W. Dan d Address	Mcw Topshime Heating + Air Inc 's Company Name Pannell St. Pankton NC 28371	900 0000	om
Description of Work Ler For For L Mechanical Contractor 207 W. Day & I Address H3 (1200	Mcw Topshime Heating + Air Inc 's Company Name Pannell St. Pankton NC 28371	710 858-0000 Telephone Chrin-Certified@Smail.	om
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Description of Work Ler Ly Ly Mechanical Contractor 207 W. Day & / Address H3 (1200) License #	Mch Type home Heating + Air Inc 's Company Name Pannell St. Pankton NC 383-71 2/2 Plumbing Contractor Information	710 858-0000 Telephone Chrin Certified @ Smail. C Email Address	om
Description of Work Les to fool 1 Mechanical Contractor 207 W. Day 3/ Address H3 C/ 200 License # Description of Work	Mcw Townhame Plumbing Contractor Informati New Townhame	Telephone Chrin Certified @ Smail. c. Email Address on # Baths	om
Description of Work Les to for L Mechanical Contractor 207 W. Day 3/ Address H3 C/ 200 License # Description of Work Cloudes Conde	Plumbing Contractor Information Per Town hone Plumbing Contractor Information Plumbing Contracto	710 858-0000 Telephone Chrin Certified @gmail. c Email Address on # Baths 919 868 0959	om
Description of Work Ler for for L Mechanical Contractor 207 W. Day & / Address H3 (1200 License # Description of Work Clovers Confor Plumbing Contractor's	Plumbing Contractor Information Plumbing Tour Law Tour L	710 858-0000 Telephone Chrin Certified @gmail. c Email Address on # Baths 719 868 0959 Telephone	
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Description of Work Ler For For L Mechanical Contractor 207 W. Day & / Address H3 (1200 License # Description of Work Clovers Confr. Plumbing Contractor's G 399 Run. (140 Address	Plumbing Contractor Information Plumbing Contractor Information Plumbing Town home At Plumbing Inc Company Name Mew San ford, MC 27332	Telephone Chrin Certified Comail. C Email Address on # Baths 919868 0959 Telephone Slave planting in a Rall-tm. Email Address	
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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.

Date 6/22/20

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

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: 6/21/2