

Application #

\* 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**

Owner's Name: Susan Kennedy	Date: <u>8-27-202</u> 0
Site Address: 117 Cindy Court Erwin NC 28339	Phone: 910-658-1230
	Lot:/a
Description of Proposed Work: Deck Replacement-Like for Like	
General Contractor Information	
KW Quality Trades Inc.	919-901-4085
Building Contractor's Company Name	Telephone
9435 Hinnant Edgerton Rd Kenly NC 27542	kwqualitytrades@gmail.com
Address	Email Address
Unlicensed in NC as work is less than \$30k	
License #  Electrical Contractor Information	n
Description of Work n/a Service Size:	Amps T-Pole:YesNo
Electrical Contractor's Company Name	Telephone
Address	Email Address
License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work n/a	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License #	•
Plumbing Contractor Information	
Description of Work <u>n/a</u>	_# Baths
Plumbing Contractor's Company Name	Telephone
Finding Contractor's Company Name	relepriorie
Address	Email Address
License #	
Insulation Contractor Informatio	<u>n</u>
Insulation Contractor's Company Name & Address	Telephone
Insulation Contractor's Company Name & Address	I EIEDHOHE

\*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.

Kimberly Woodall

8-27-2020

Signature of Owner/Contractor/Officer(s) of Corporation Date
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
X 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.
X 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: <u>KW Quality Trades Inc. Kimberly Woodalbate:</u> 8-27-2020 PRESIDENT