

Application #	<u> </u>
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Harnett County Central Permitting PO Box 65 Lillington, NC 27546

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/occupier or licensed contractor. Address, company name & phone must match information on license

Application for Residential Building and Trades Permit

١		onone must match on on license.						
L	mormane	Owner's Name:	ALLESHA M	artinez	Da	te: <u>9/24/2</u> 020		
		Site Address: 220		Spring Lake				
567	La.	Subdivision:		roping sorres,	Lot:	•		
	<i>S</i> U .		d Work: build be	ack from star	K Total Joh Cost:	140 000		
(	$\propto$	Description of Proposed Work: <u>build back from Stud</u> Total Job Cost: <u>\$140,000</u> General Contractor Information						
	0	CAVIL DIAC	DNStruction	TM / h	" ain-407-	-6517		
		Building Contractor's C	Company Name	)   CO.	Telephone			
			on Rd Fauu	ettreville NC	bridget iack	son@cauventuri		
		Address	7		Email Address	·com		
	•	72442	HEATED SQ	FTGARAGES	Q FT	00111		
		License #	. / Electric	al Contractor Information	nn -	. /		
		Description of Work L	wild back	Service Size:		YesNo		
		William Pr	Tiry-Priou	electrical	919-90	<del>2-3178</del>		
00	3	Electrical Contractor's	•		Telephone			
	0,		win Laxe	Rd Bunson	Milliama	trust pleci-con		
) (),		Address 321013		NC a7504	Email Address	·		
		License #						
			Mechanical/	HVAC Contractor Infor	<u>mation</u>	•		
		Description of Work L	ould back	from fire		5,113		
		<u>Uverhills</u>	heating a	4 Air	910-322	<u>-6188</u>		
100	$\mathcal{O}_{\mathcal{O}}$	Mechanical Contractor	's Company Name		Telephone	bar a minima and		
•	$\sim$	TID VOWY	alla pri	ayutturine		neon inguina		
		Address		NC gesil	Email Address	On (G) g/mail.com		
`		License #	<del></del>			U		
Plumbing Contractor Information								
		Description of Work	DUITA BACK	0 10 1	# Baths			
206/x	$\sim$	Pick y's	Plumping S	SULVICUL	910-627	-3665		
	2	Plumbing Contractor's	Company Name	To a Marill	Telephone	. 11/01/00/04/0		
	<u> </u>	Address	M DUIT IZ O	Fayetteville	L <u>VIVU ION</u> Email Address	<del>juran</del> ugman		
	X	335UD	NC	983,15	Linaii Addiess	COYN		
		License #	<del></del>					
		0	Insulation	on Contractor Informati	on Augusta	duc/		
		LUMBUL	<u>iana insu</u>	104011 CD.	010-484 Talantana	-1118		
		Insulation Contractor's			Telephone NCコンストス			
4205 Clinton Rd FayuttuvilleNC 28312 *NOTE: General Contractor / owner must fill out and sign the second page of this application.								
		'NO I E: General	Contractor / owner m	ust 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

Date

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
Sign w/Title: