

Application # BRES2009-0074

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

Application for Residential Building and Trades Permit

ERES2009-0070

Owner's Name: Gina Mayo Date: _____
 Site Address: 584 Wheeler Rd Angier Phone: _____
 Subdivision: _____ Lot: _____
 Description of Proposed Work: New Covered Deck Total Job Cost: 23K

General Contractor Information

Razon Contracting LLC Telephone: 516 910 6006
 Building Contractor's Company Name
32 East Depot St Angier Email Address: Razoncontracting@gmail.com
 Address

77924 HEATED SQ FT _____ GARAGE SQ FT _____
 License #

Electrical Contractor Information

Description of Work: Run line from panel Service Size: _____ Amps T-Pole: Yes No
Cost Cutters Telephone: 252-303-0294
 Electrical Contractor's Company Name
North Raleigh / Louis Berg NC 27549 Email Address
 Address
15461-L
 License #

Mechanical/HVAC Contractor Information

Description of Work _____
 Mechanical Contractor's Company Name Telephone _____
 Address Email Address _____
 License #

Plumbing Contractor Information

Description of Work _____ # Baths _____
 Plumbing Contractor's Company Name Telephone _____
 Address Email Address _____
 License #

Insulation Contractor Information

Insulation Contractor's Company Name & Address Telephone _____

***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

Date

9/30/20

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:

[Handwritten Signature] owner 9/30/20