Builins# 37 Unit#



Application #

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

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Application for Residential Ruilding and Trades Permit

numer's Name: Campbell Binte Parties LLC	Date: 6/22/20
ite Address: 322 Reflectommons Drive	Phone: 910 814-423
ubdivision: LAMPSU Print Phase TV	Lot:
escription of Proposed Work: Alexa Taran Lagra-	Total Job Cost:
General Contractor Information	ion
JASON Price Construction Inc	910 814-4231
uilding Contractor's Company Name	Telephone
323 Rost Hills Pd Lillinghow Ne 2754	JPETLEON STRUCTION O YAH
ddress	Email Address
50 8 5 9 cense #	
Electrical Contractor Informat	
escription of Work New Townhows Service Size	
lectrical Contractor's Company Name	7/9 550-739/ Telephone
308 W Man Street (1/2 for red)	
ddress	Email Address
11952-u	
icense #	
Mechanical/HVAC Contractor Info	ormation
escription of Work New Tanhama	9
Certa for I Heating + Air Inc. lechanical Contractor's Company Name	9/0 855-0000 Telephone
07 W. David Pannell St. Parkto NL 28371	
ddress	Email Address
H361200/2	
cense #	
Plumbing Contractor Informat	1
escription of Work New Town has -	# Baths
lovers Contract Plumling Inc	919868 0959
tumbing Contractor's Company Name	Telephone
394 Rusil Hollow San Ford, NC 27332	Slave plansing inca Rolla fra
	Email Address
23165 icense#	
23/100 icense # Insulation Contractor Information Rolling Fork 21 Clinton	
23/65 icense #	C 9/0 564-4/32 Telephone



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

Affidavit The undersigned applicant being		Compensation N.C.G.S. 87-14
General Contractor	Owner	Officer/Agent of the Contractor or Owner
Do hereby confirm under penaltie set forth in the permit:	s of perjury that th	ne person(s), firm(s) or corporation(s) performing the work
Has three (3) or more emp	loyees and has ob	btained workers' compensation insurance to cover them.
Has one (1) or more subco	ontractors(s) and h	nas obtained workers' compensation insurance to cover
Has one (1) or more subco	ontractors(s) who h	has their own policy of workers' compensation insurance
Has no more than two (2)	employees and no	subcontractors.
Department issuing the permit ma	ay require certificat	s sought it is understood that the Central Permitting ites of coverage of worker's compensation insurance prior permitted work from any person, firm or corporation
Sign w/Title:	1/10	cs: dent Date: 6/22/20