

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

Application for Residential Building and Trades Permit

Owner's Name: DAUNY GARCOND	Date: 11/30/20
Owner's Name: DAUNY GARGAND Site Address: 45 School Side Or Spring dele NC	28390 Phone: 210 216 -8756
Subdivision:	Lot:
Description of Proposed Work: ATTIC insplication walls finally	Total Job Cost: 1 15,000
General Contractor Information	I I
Siervis Construction Building Contractor's Company Name	<u>919 986-6624</u> Telephone
Address	Significantes of Small Com Email Address
HEATED SQ FT GARAGE SQ	
License #	
Description of Work Service Size: _	Amps T-Pole:YesNo
Electrical Contractor's Company Name	Telephone
Address	Email Address
License #	
Mechanical/HVAC Contractor Inform	<u>ation</u>
Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License #	
Plumbing Contractor Information	1
Description of Work	_# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License #	
Insulation Contractor Information	<u>n</u>
Insulation Contractor's Company Name & Address	919 986-6624
Insulation Contractór'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

Affidavit for Worker's Compensation The undersigned applicant being the:	N.C.G.S. 87-14
General Contractor Owner Officer/Agen	t of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person(s), firm(s set forth in the permit:) or corporation(s) performing the work
Has three (3) or more employees and has obtained workers' co	
Has one (1) or more subcontractors(s) and has obtained worke them.	rs' compensation insurance to cover
Has one (1) or more subcontractors(s) who has their own policy covering themselves.	y of workers' compensation insurance
Has no more than two (2) employees and no subcontractors.	
While working on the project for which this permit is sought it is undersometrial Department issuing the permit may require certificates of coverage of to issuance of the permit and at any time during the permitted work from carrying out the work.	worker's compensation insurance prior om any person, firm or corporation
Sign w/Title:	Date: 11/30/10