## Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793

Application for Residential Building and Trades F	Permit	
Owner's Name: TAMEIA WHITE  Date 114 21		
Site Address: 348 MonROE LAWE	Phone	
Subdivision:	Lot	
- CA-600	Comp Person	
Description of Proposed Work:	Total Job	
Cost		
Paule General Contractor Information	99.628.82	
Building Contractor's Company Name	Telephone	
"Mile Alexandral Contraction / married depaid little out word start that	accord page of this	
Address	Email Address	
HEATED SQ FT GARAGE	SQ FT	
License #  Electrical Contractor Information		
	Amps T-Pole:	
YesNo		
Electrical Contractor's Company Name	Telephone	
Address	Email Address	
License #  Mechanical/HVAC Contractor Information	<u>1</u>	
Description of Work	114151	
Signature of Okesart Corporation Williamsky of Corporation	Qale	
Mechanical Contractor's Company Name	Telephone	

Parrele White	6 <u>80.00</u>			
Address	Email Address			
License #				
Plumbing Contractor Information				
Description of Work	_# Baths			
The Stage Character many in the plants and the control of the stage of				
Plumbing Contractor's Company Name	Telephone			
Address	Email Address			
License #  Insulation Contractor Information				
Insulation Contractor's Company Name & Address *NOTE: General Contractor / owner must fill out and sign the	Telephone second page of this			
application.				
I hereby certify that I have the authority to make necessary application is correct and that the construction will conform to the Building, Electrical, Plumbing and Mechanical codes, and the Zoning Ordinance. I state the information on the above contractor known to me and that by signing below I have obtained all spermission to obtain these permits and if any changes occur contractors, site plan, number of bedrooms, building and Environmental Health permit changes or proposed use changes, responsibility to notify the Harnett County Central Permitting Depart all changes.  EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is as per current fee schedule.	e regulations in Harnett County ors is correct as subcontractors including listed I trade plans, I certify it is my partment of any			
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: Officer/Agent of the Owner **General Contractor** 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: