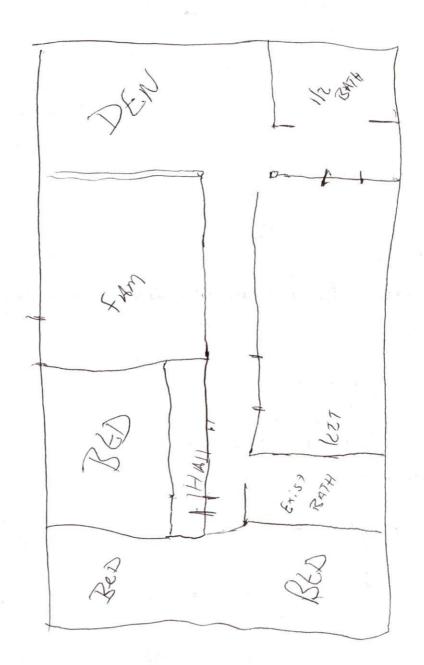


CAI) Payment &

Application #

	Harnett County Central Perm	
* Each section below to be filled out	PO Box 65 Lillington, NC 2754 910-893-7525 Fax 910-893-2793 www.harn	
by whomever performing work. Must be owner/occupier or licensed	310-030-7323 1 dx 310-030-2733 WWW.Halli	icit.org/permits
contractor. Address, company	Application for Posidential Building on	d Trades Parmit
name & phone must match information on license.	Application for Residential Building an	
1	C- 16	Date 1/2/21
	ggie Faulkner	Date: 1/6/C1
Site Address: //3	3 US 421 South	Date: 1/6/2/ Phone: 90-612-499-640)
Subdivision:		Lot:
Description of Propose	d Work: Plumbing, HVAC, Electrical	Total Job Cost: 29,000
	General Contractor Informa	
Tommy Copes Pa	sidestial LLC	910-985-2340
Tommy Cores Ray Building Contractor's C	ompany Name	Telephone
2481 Plainvie	w highway	Email Address
Address	21.83217	Email Address Co
4017 1590 4	HEATED SQ FT 1,300 GARAG	E SQ FT
License #		
	Electrical Contractor Inform	nation V.
0	vice charge, BAHh Addition Service S	
Parker's Electric		910-984-6810
Electrical Contractor's	Company Name	Telephone
167 Stonehenge	e Drive Dunn NC 28334	parkerselectric 2017 @gmail.com Email Address
Address		Email Address
31658-SPSFD	_	
License #	· · · · · · · · · · · · · · · · · · ·	
0	Mechanical/HVAC Contractor In	formation
Description of Work 🗥	eplace outside init & supply lines	919 - 553 - 0266 910-327 1 Telephone
Comfort Solutions		919-553-0266/910-520
Mechanical Contractor's Company Name		Telephone
2850 NC 47 1	Nest Clayton NC, 27520	
Address	,	Email Address
18822 H-2, H-3		
License #	_	
	Plumbing Contractor Inform	nation 1 L
Description of Work	Ul-Plymbine	# Baths_ / ~
Jackson's I	lumbias.	# Baths 1 2 910-990-0249
Sackson's Plumbing Contractor's	Company Name	Telephone
	ond Dynn NC 28334	
Address		Email Address
15727		
License #	_	
	Insulation Contractor Inform	
Tommy Cores Be	sidertial LCC	910-985-2340
	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 <u>by signing below I have obtained all subcontractors permission to obtain these permits</u> and if <u>any</u> 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

//6/2/ 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 carrying out the work.		
	Sign w/Title: Jamy Come Baildes UC Date: 100 21		