

Application # _____

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* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name:	David, Rogers	Date: 249-
Site Address:	127 JENMAR Drive Frayay Vorma	Phone: 919-995
Subdivision:	Heritage Haven	Lot:/4
Description of Prop	posed Work: 22×25 carport w/ 18×10 storage	Total Job Cost: 45,000
	General Contractor Informa	
Family &	vibing Campany UC	931-269-9471
Building Contractor's Company Name		Telephone
1016 Mock	ingbird prive	Email Address
Address		
79526	HEATED SQ FT O GARAGE	SQFT 730 - Corport/
License #		
	Electrical Contractor Informa	ation
	k -wire corport storage Service Si	
Tag Team	Electric	919-961-1274
	or's Company Name	Telephone
5/21	Little Geoverdance Holly Sprives	Tagteom else @ gond Email Address
Address	/ /	Email Address
	2690	
	3699	
License #		Larghau .
	Mechanical/HVAC Contractor Inf	ormation
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Description of Work Mechanical Contra Address License # Description of Work	Mechanical/HVAC Contractor Informatic A/A actor's Company Name Plumbing Contractor Informatic A/A	Telephone Email Address ation # Baths
Description of Work Mechanical Contra Address License # Description of Work	Mechanical/HVAC Contractor Informatic Mechanical/HVAC Contractor Infor	Telephone Email Address
License # Description of Work Mechanical Contract Address License # Description of Work Plumbing Contract	Mechanical/HVAC Contractor Informatic A/A actor's Company Name Plumbing Contractor Informatic A/A	Telephone Email Address ation # Baths Telephone
Description of Work Mechanical Contra Address License # Description of Work	Mechanical/HVAC Contractor Informatic A/A actor's Company Name Plumbing Contractor Informatic A/A	Telephone Email Address ation # Baths
Description of Work Mechanical Contra Address License # Description of Work Plumbing Contract Address	Mechanical/HVAC Contractor Informatic A/A actor's Company Name Plumbing Contractor Informatic A/A	Telephone Email Address ation # Baths Telephone
License # Description of Work Mechanical Contract Address License # Description of Work Plumbing Contract	Mechanical/HVAC Contractor Informatic A/A actor's Company Name Plumbing Contractor Informatic A/A tor's Company Name	Telephone Email Address ation # Baths Telephone Email Address
Description of Work Mechanical Contra Address License # Description of Work Plumbing Contract Address	Mechanical/HVAC Contractor Informatic A/A actor's Company Name Plumbing Contractor Informatic A/A tor's Company Name Insulation Contractor Informatic A/A	Telephone Email Address ation # Baths Telephone Email Address

*NOTE: General Contractor / owner must fill out and sign the second page of this application.



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.

tha falchi 3/9/2021
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:
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: Malfeli owner/manager Date: 2/9/2021

