	Harr	nett
	Z NORTH C	AROLINA
	Harnett County Centra	Application #
section below to be filled out	PO Box 65 Lillington, N 910-893-7525 Fax 910-893-2793 wv	C 27546
mever performing work. e owner/occupier or licensed	910-095-7525 Pax 910-095-2795 W	ww.nameu.org/permits
tor. Address, company	Application for Residential Build	ing and Trades Permit
ation on license.		
Owner's Name: S	usan Santos	Date: <u>03/22</u> na, NC 27526_Phone: <u>814-464-47</u>
Site Address: 44 WC		
Subdivision: Olde N		Lot: <u>29</u>
Description of Proposed	d Work: Cover Deck & add Cover	ed Deck Total Job Cost: <u>\$20,000 es</u>
	General Contractor Ir	nformation
Building Contractor's Company Name		Telephone
Address		Email Address
	HEATED SQ FT G	ARAGE SQ FT
License #		
Description of Work	<u>Electrical Contractor I</u> Ser	ntormation vice Size:Amps   T-Pole:Yes
Electrical Contractor's (	Company Name	Telephone
Address		Email Address
License #	_	
	Mechanical/HVAC Contrac	tor Information
Description of Work		
Mechanical Contractor's Company Name		Telephone
Mechanical Contractor's Company Name		relephone
Address		Email Address
License #	Plumbing Contractor I	nformation
Description of Work		
		# Baths
Plumbing Contractor's Company Name		Telephone
Address		Email Address
License #	_	
LICCIISC #	Insulation Contractor	Information



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</u> <u>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.

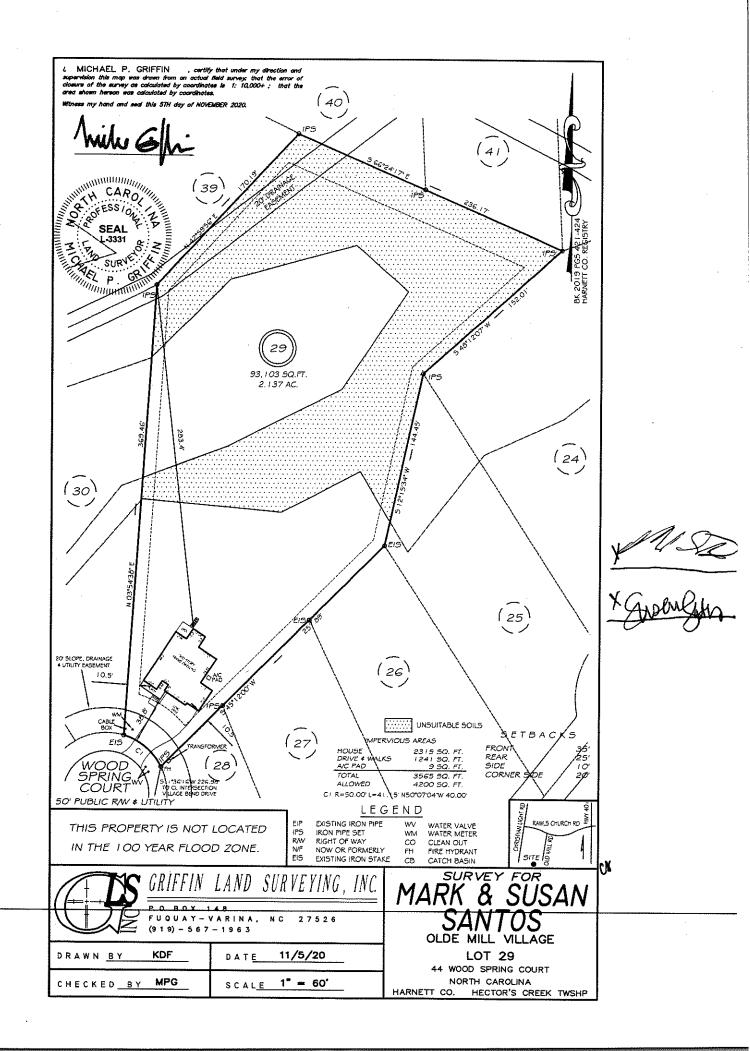
20n Danto

03/22/2021

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 X 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. susent Dant 02 \_\_\_\_\_ Date: 03/22/21 Sign w/Title:



## 44 WOOD SPRING CT

- ~ Extend exiting 10' x 12' deck by 10 feet
- ~ Cover 12' x 20' porch with 4:12 pitch roof
- ~ Attach additional 10' x 15' deck
- ~ Cover 10' x 10' of addition with 4.8:12 pitch roof
- ~ Remaing 10' x 5' uncovered
- ~ Stairs to extend off of 5' bumpout

