

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: Christine Denison | Date: |
|--|----------------------------------|
| Site Address: 170 Micro Tower Road, Lillington, NC 27546 | Phone: 336 309 4249 |
| Subdivision- | |
| Description of Proposed Work Description (work due from Hurri | cane Mathew) Est. \$10,000.00 |
| RHD Property, Inc. General Contractor Information | |
| Building Contractor's Company Name 1140 Benson Road, Garner, NC 27529 | Telephone trentrawley@aol.com |
| Address | Email Address |
| 83362 HEATED SQ FT 1,800 GARAGE SC | O FT |
| License # Electrical Contractor Informatio | |
| Description of Work Service Size: | Amps T-Pole:YesNo |
| Electrical Contractor's Company Name | Telephone |
| Address | Email Address |
| License # Mechanical/HVAC Contractor Inform Description of Work | ation |
| Mechanical Contractor's Company Name | Telephone |
| Address | Email Address |
| License # Plumbing Contractor Information Description of Work | · |
| | # Baths |
| Plumbing Contractor's Company Name | Telephone |
| Address | Email Address |
| License # | |
| Insulation Contractor Information | |
| nsulation Contractor'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 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:_____ Date:

Tirense No.

83362

Martin Carrie

Tirensing Tour of for Ceneral Contractors

RHD Property, Inc. Garner, NC This is to Orrtify That:

is duly registered and entitled to practice

Citarina Contractin

Limitation: Unlimited Classification: Building

until

December 31, 2020

SKEI ON NOW

Mitueus nur hands and seal of the Brard. when this Certificate expires. Dated. Auloigh, N.O.

March 31, 2020

This certificate may not be altered.

TORTH CAROUN

Chairman

Hank Wiesner Herry M. J. Hander