

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

Application for Residential Building and Trades Permit

on on license.	Application for Residential Building a	
Owner's Name: <u>Ha</u>	J zeline Walker	Date: <u>3-10-202</u>
Site Address: 3938 Walker Road Linden NC 28356		
Subdivision: No subdivision		Lot:
Description of Proposed Work: Deck Instal like for like		
	General Contractor Inform	nation
KW Quality Trac		919-901-4085
Building Contractor's Company Name		Telephone
9435 Hinnant Edgerton Rd Kenly NC 27542		kwqualitytrades@gmail.com
Address		Email Address
	ess than HEATED SQ FT X GARA	GE SQ FT X
30.000.00	Electrical Contractor Infor	mation
Description of Work _	n/a Service	Size:Amps T-Pole:YesNo
Electrical Contractor	s Company Name	Telephone
Address		Email Address
License #	Mechanical/HVAC Contractor	Information
License # Description of Work _	Mechanical/HVAC Contractor I n/a	
	n/a	
Description of Work _	n/a	
Description of Work _ Mechanical Contracto	n/a or's Company Name	Telephone Email Address
Description of Work _ Mechanical Contracto Address License #	n/a or's Company Name Plumbing Contractor Infor	Telephone Email Address
Description of Work _ Mechanical Contracto Address	n/a or's Company Name Plumbing Contractor Infor	Telephone Email Address
Description of Work _ Mechanical Contracto Address License #	n/a or's Company Name <u>Plumbing Contractor Infor</u> n/a	Telephone Email Address
Description of Work Mechanical Contractor Address License # Description of Work	n/a or's Company Name <u>Plumbing Contractor Infor</u> n/a	Telephone Email Address mation # Baths
Description of Work _ Mechanical Contractor Address License # Description of Work _ Plumbing Contractor	n/a or's Company Name <u>Plumbing Contractor Infor</u> n/a 's Company Name	Telephone Email Address mation # Baths Telephone Email Address
Description of Work _ Mechanical Contractor Address License # Description of Work _ Plumbing Contractor Address	n/a or's Company Name <u>Plumbing Contractor Infor</u> n/a	Telephone Email Address mation # Baths Telephone Email Address



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.

President

KW Quality Trades Inc.Kimberly Woodall3-10-2021Signature of Owner/Contractor/Officer(s) of CorporationDate

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: X 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 X 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 carrving out the work. _____Date: 3-10-2021 President Sign w/Title: Kimberly Woodall