

Application # _____

* Each section below to be filled out by whomever performing work. Must be owner/occupier or Ilcensed contractor. Address, company name & phone must match information on license. 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

n on license.	7 7	Data 3-15-21
Owner's Name: 1000	Queen : Cartene Cueen	120// m 010 Q11 0197
Site Address: 16:17	Currie Rum Cane Lillington Me	13/196 Phone 9115014-1116
Subdivision:		LOU
Description of Propose	d vvoir.	Total Job Cost
	Contractor Information	231 nag UUII/a
Vega Meta	1 Structures - Concreta, UC	Telephone
	5 Hwy 311 Randleman,	
4091 US	N/ 27317	Email Address Damail. Co
Address	HEATED SQ FT GARAGE S	Q FIT 1,500
License #		
Elouriou	Electrical Contractor Information Service Size:	Amps T-Pole:YesNo
Description of Work	I LECTICAL WILLING	910-890-250
Electrical Contractor	S Company Name	Telephone
2957 mcDo	ugald Road, Lillinston MC 275	He
Address		Email Address
04424	particular and the second seco	
License #	Mechanical/HVAC Contractor Infor	mation
Description of Work	NA	
		Telephone
Mechanical Contrac	tor's Company Name	relephone
		Email Address
Address		
License #	- Lufa ma	tion
	Plumbing Contractor Informa	# Baths
Description of Work	man Dolphy Telniba	910-814-7705
Plumbing Contracto	or's Company Name	Telephone
(1)4 150	or's Company Name	
Address		Email Address
21049		
License #	Insulation Contractor Inform	ation
Non metal <	1 1 HAVE INC HINV 311 Randler	nan 336-799-4416
Insulation Contract	tor's Company Name & Address 213	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.

3/16/2021

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
Sign w/Title: Cathy Wega Metal Structure Date: 3/16/21