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NO BOX 62 LIBIRDION, NO 27540

Harnett County Central Permitting

Application #

0188-989-616 insulation Contractor Information CICGUSG # Conford . con Email Address Kum Bexecutive Munbing Plumbing Contractor's Company Name 88115-809-61Buigum Z 1 Sulles # Plumbing Contractor Information LICENSE # woo Email Address Tryyywy @201520 Lelephone Mechanical/HVAC Contractor Information # OSUBOIT H & Electrical Email Address ten cak de Agt la Cardille 37513 auoudaja 1 :oloq-T sqmA 66 The Electrical Contractor Information # esugary 2000 Transa rtypoxydt den 2000 General Contractor Information Total Job Cost , 29, 450 Application for Residential Building and Trades Permit EURALIJOURAS CAS (ICANTES Charte & phone must make inach CHANGE SHAME CONFORD thereof is marked were of take

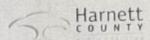
Insulation Contractor & Company Name & Address

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Telephone

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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

CF155 Contractor Agreement 5-15, PD 1

3-18-2021 Date

		Compensation N.C.G	i.S. 87-14
The undersigned applicant being t	he:		
General Contractor	Owner	Officer/Agent of the	Contractor or Owner
Do hereby confirm under penalties set forth in the permit:	s of perjury that th	e person(s), firm(s) or con	poration(s) performing the work
Has three (3) or more empl	loyees and has ob	otained workers' compens	sation insurance to cover them.
them. Has one (1) or more subco	ntractors(s) and h	as obtained workers' con	npensation insurance to cover
Has one (1) or more subco covering themselves.	ntractors(s) who h	has their own policy of wo	orkers' compensation insurance
Has no more than two (2) e	employees and no	subcontractors.	
While working on the project for w Department issuing the permit ma to issuance of the permit and at an carrying out the work.	y require certifica	tes of coverage of worke e permitted work from any	r's compensation insurance prior person, firm or corporation
Sign w/Title: Phillip hay !	toll !	owner of	Date: 3-19-2021
- / /	1 40	our total ho	ME Incourse
		110	7/10/00/11/11

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