

Application # Brezion - 2069

* 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. 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

of of idease.	
Owner's Name: Eric & Linda Aberg	Date: 4/28/2021
Site Address: 296 Pineri de Court SANFOR	Phone:
Subdivision: CALCULA (AKC) K	the Lot: 23
Description of Proposed Work: PATIO Guclosure.	Total Job Cost: 28
General Contractor Informs	
Bedbass General MAINTENANCE	(570) 362-1268
Building Contractor's Company Name	
304 PINEVIDER COVE SANFORD NC 27332	Telephone bedbass 1962@ gAhae. Con
Address	Email Address
HEATED SQ FT GARAG	E SQ FT
License #	
Description of Work Outlets, Electrical Contractor Inform	ize:Amps T-Pole:YesNo
6. E. T Electric 123	(910) 605-9154
Flectrical Contractor's Company Name	Tolophono
295 N. Prince Henry Way Cameron, Mc 2833	WWW. getelectric 123. com
Address	Email Address
33/77	
License #	formation
Mechanical/HVAC Contractor In	formation
Description of Work	
Machanical Contractor's Company Name	Talankana
Mechanical Contractor's Company Name	Telephone
Address	Email Address
, iddioso	Enail Address
License #	
Plumbing Contractor Inform	nation
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
<u>-1 </u>	and the second s
Address	Email Address
License #	
License # Insulation Contractor Inform	nation
Ledburs General Myintenance.	(370) 362-1268
Insulation Contractor's Company Name & Address	Telephone
insulation Contractor's Company Name & Address	relephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.

Linda & Fric

is as per current fee schedule.

Signature of Owner/Contractor/Officer(s) of Corporation



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 bysigning 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

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: