

Application # _____

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match 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. | , , | | |
|---|-------------------------------|--------------------------|------|
| Owner's Name: Oug and Site Address: 101 Manie | Laura Camus | Date: | |
| Site Address: 101 O Manie | on Drive Erwin | NC 28 Phone: 843-601-468 | 20 |
| Subdivision: | | Lot: | |
| Description of Proposed Work: 12×16 | shed. | Total Job Cost: 10,000 | |
| Ger Ger | neral Contractor Information | <u> </u> | |
| Harts ville Lumber of B Building Contractor's Company Name | arns | 843-383-6630 | |
| Building Contractor's Company Name | | Telephone | 11 |
| Building Contractor's Company Name 1113 North 5th 5 | treet. Harbruile SC | hartsville lumber@bell. | 1044 |
| Addiess . | -1 | Ellian Madroco | |
| 6/05724 HEATED | SQ FT() GARAGE SC | 1FI | |
| License # | trical Contractor Informatio | n | |
| Description of Work | Service Size: | Amps T-Pole:YesNo | |
| | BETTER TECTOS TO STORY STORY | | |
| Electrical Contractor's Company Name | | Telephone | |
| | | | |
| Address | | Email Address | |
| - | | | |
| License # | ical/HVAC Contractor Inform | nation | |
| Description of Work | | interior. | 8 |
| Description of Work | | | |
| Mechanical Contractor's Company Name | | Telephone | |
| , | | 55770 K 5 7 8 | |
| Address | | Email Address | |
| | | | |
| License # | | | |
| | nbing Contractor Information | | |
| Description of Work | | _# Baths | |
| Plumbing Contractor's Company Name | | Telephone | |
| Flumbing Contractor's Company Name | | relephone | |
| Address | 7 | Email Address | |
| | | | |
| License # | | | |
| Insu | lation Contractor Information | <u>on</u> | |
| leadation Controlled Comment Name 0 | Address | Talanhara | |
| Insulation Contractor's Company Name & Address | | Telephone | |

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

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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-bermission 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

5/11/2021

| 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 carrying out the work. Sign w/Title: Date: 5/12/2007 |
| Sign w/Title: Tolthe /tarfull who has Date: 5/12/2021 |