

Application # ___

*Each section below to be filled out by whomever performing work. Must be owner 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

n on license.	1111 .		Date: 5/5/2021
Owner's Name:	Hillary Frei		
Site Address: 261 Hobby Rd.			9193461528
Subdivision:		Lot:	
Description of Proposed Work: Finish Banus	Room, Storage	2, Bathrop	m
	tractor Information		
		919 346	1528
Building Contractor's Company Name	T	elephone	
6312 Lauraca Ln Fuguar Varina, 1	<u>VC</u>		@GMAIL.COM
Address	E	mail Address	
77019			
License # Electrical Co.	ntractor information	0.0	п. п.
Description of Work Vice New Home	ntractor information Service Size: 2	OC Amps T-F	Pole: W Yes I No
NEC POWER		- I for the Bankline	3826
Electrical Contractor's Company Name	MA	Telephone	@ NECPOWER. COM
117 Wild Blossom Dr. Apex,	100	Email Address	ericipal, com
Address		Ellian Field	
283704			
License # Mechanical/HVA	C Contractor Informa	tion	
Description of Work HVAC New Home	9	2	700-7
JC's Heating & Air			72 3053
Mechanical Contractor's Company Name	1 (. 1/2	Telephone	ACE GMAIL COM
15-39 Wade Stephenson Holl	y Drings, NC	Email Address	
Address	/ / /	Ellian Addition	
HY3/2655			
License #	Contractor Information	<u>n</u>	
Description of Work Plumb New Home	<u>e</u>	_# Baths	6 0/1/
All M AT		7/9 65 Telephone	8 0/1/
Discribing Contractor's Company Name	10	VICKVO	All-Max Plumbing, Con
2428 Reliance Ave, Apex	110	Email Addres	
Address			
License #			
License #	Contractor Information	919 9	37 8479
Stephens Sylding Products		Telephone	
Insulation Contractor's Company Name & Addre	Toich NC		
Insulation Contractor's Company Name & Adults 1200 Conporation Parkway , 12	icigii)	second page	of this application.
*NOTE: General Contractor / owner mus	st till out and sign the	Control of the Contro	



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

5/5/2021

is as per current fee schedule.

Signature of Owner/Contractor/Officer(s) of Corporation
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:
Sign w/Title: 75 Mon WW Gerations / 10 hager Date: 75/2001