

Application # _____

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Rita Marshburn	Date6-11-2021
Site Address: 285 Fair Barn Road Sanford NC 27332	Phone 910-368-9568
Subdivision: Persimmon Hill	Lot _ 63
Description of Proposed Work: Deck Install (See Drawing)	
General Contractor Informa	
KW Quality Trades Inc.	919-901-4085
Building Contractor's Company Name	Telephone
9435 Hinnant Edgerton Road Kenly NC 27542	kwqualitytrades@gmail.com
Address UNHEATED 192 SQ FT	Email Address
	E SQ FT
License #	action
Description of Work <u>n/a</u> <u>Electrical Contractor Inform</u> Service S	Size:Amps T-Pole:YesNo
·	
Electrical Contractor's Company Name	Telephone
Address	Email Address
1:	
License # Mechanical/HVAC Contractor In	formation
Description of Work n/a	
Besonption of Work	
Mechanical Contractor's Company Name	Telephone
, ,	·
Address	Email Address
License #	
Plumbing Contractor Inform	
Description of Work <u>n/a</u>	# Baths
Dhumahin a Cantus atawa Camanany Nama	Talanhana
Plumbing Contractor's Company Name	Telephone
Address	Email Address
, 188, 555	Lindii / Iddi 000
License #	
Insulation Contractor Inform	<u>nation</u>
n/a	
Insulation Contractor's Company Name & Address	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.

President

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
THE UN	dersigned applicant being the.	
<u>X</u>	General Contractor Owner Officer/Agent of the Contractor or Owner	
	eby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work in the permit:	
I	Has three (3) or more employees and has obtained workers' compensation insurance to cover them.	
them.	Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover	
	Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance ng themselves.	
1	Has no more than two (2) employees and no subcontractors.	
Departr to issua	working on the project for which this permit is sought it is understood that the Central Permitting ment issuing the permit may require certificates of coverage of worker's compensation insurance prior ance of the permit and at any time during the permitted work from any person, firm or corporation g out the work.	
, ,	g out the work. KW Quality Trades Inc. /Title: <u>Kimberly Woodall President</u> Date: 6-11-2021	