

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

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 Tra

Explication for Residential Building and Tra	des Permit	
Owner's Name: Laprei Lewis	- 10.1	a 1
Site Address: 155 Sherwood hill CT Cameron no	Date 10-1-	21
Subdivision:	1 = 4	
Description of Proposed Work: install a Meditar home	Lot	
	_ lotal Job Cost	
S+J gRAHISH	014 (10 01112)	
Building Contractor's Company Name	919 669 9462 Telephone	_
3235 mileon Chapel Ched Brandard ne 28323		
Address	Email Address	_
55247 HEATED SQ FTI 1900 GARAGE SQ	m 180	
Description of Work In Shall Clean Service Size:		
(1) 44 %		_No
	910494 1425 Telephone	_
P.O BOK 185 RAGON NC 28376	relephone	
Address	Email Address	-
18 227 - License #		
Mechanical/HVAC Contractor Informa	tion	
Description of Work Install HVAC	NION	
	910708 8340	
Wechanical Contractor's Company Name	Telephone	-
3489 Edwards Rd Sonford ML 27332		
Address 22513	Email Address	-
License #		
Plumbing Contractor Information		
Description of Work Install Plumb	# Baths 2	
KANLY CASh	310 303 6296	
Plumbing Contractor's Company Name	Telephone	-
918 miller Are tray nc 28304		-
5561	Email Address	
License #		
Insulation Contractor Information		
Insulation Contractor's Company Name & Address	Telephone	
*NOTE: General Contractor / owner must fill out and sign the sec	cond 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 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 EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee nature 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 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 Sign w/Title: