

Application #

Harnett County Central Permitting

* 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. PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Kevin DWAYNE TINGENE MASSILE STINEME	TRUNCTED LIVE TRUNCT B-3/-
Site Address: All the State A Land And in	14 Myer 2015 House 68 216 41 =
Site Address: 411 Homes TEAD LANE, ANGIE Subdivision: The Homes TEAD Description of Proposed Work: Preconstructed SHED u/2	7, NC 2/30/Phone: 7/7-2/3-767
Subdivision: The HUMESTEAD	Lot: 17
Description of Proposed Work: Yee CONSTRUCTED SHED W/	FLEETrieTotal Job Cost 22,000
General Contractor Inform	mation
Building Contractor's Company Name 10029 FMyETTEVILLE Rd. Fragury-Variable Address DEATED SO ET DE CARA	919-623-9696
Building Contractor's Company Name	Telephone
10029 FAYETEVILLE PLA. regury-VAriNA	into aliberty storage si
Address 275-2	Email Address
License # HEATED SQ FT 9 GARA	GE SQ FT 336
Electrical Contractor Infor	rmation
Description of Work House For Light & pours Service	Size: 100 Amps T-Pole:Yes _No
Sel, allele	
Electrical Contractor's Company Name	Telephone
Address	Email Address
License #	
License # Mechanical/HVAC Contractor	Information
Description of Work	
Description of Work	
Mechanical Contractor's Company Name	Telephone
, , , , , , , , , , , , , , , , , , , ,	
Address	Email Address
License #	
Plumbing Contractor Infor	rmation
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
Address	Email Address
License #	
Insulation Contractor Info	rmation
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.

| 3/31/2021

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

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: Officer/Agent of the Contractor or Owner General Contractor 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.

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Must be owner or licensed contractor. Address, company name & phone must match Application for Residential Building and Trades Permit information on license. Date: 8-25-202/ Site Address: Phone: 919-215-4076 HOMESTEAD Description of Proposed Work: ingrains pail Total Job Cost: General Contractor Information Building Contractor's Company Name Telephone Ktingen558@garcul cens Address License # Electrical Contractor Information Description of Work Por) wiring + Listhag Service Size: Amps T-Pole: ___Yes __No Harte Paul Wiring and Lightne 919-868-8195 Electrical Contractor's Company Name Telephone E woodwards Industrice hartegooksvingandlynting egmant can Address 30707 License # Mechanical/HVAC Contractor Information Description of Work Mechanical Contractor's Company Name Telephone Address Email Address License # Plumbing Contractor Information Description of Work # Baths Plumbing Contractor's Company Name Telephone Address Email Address License # Insulation Contractor Information Insulation Contractor's Company Name & Address Telephone *NOTE: General Contractor / owner must fill out and sign the second page of this application. strong roots . new growth