Alaun Carryo, alaunzoe Application # Harnett County Central Permitting 420 McKinney Pkwy Lillington, NC 27546 Must be owner/occupier or PO Box 65 Lillington, NC 27546 licensed contractor. Address. 910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits company name & phone must match information on license. Application for Residential Building and Trades Permit Date 08/19/2021 Alain Camejo Owner's Name: Phone <u>7865089501</u> 45 IRIS BRYANT RD Site Address: Lot 9-14 South Erwin Subdivision: Remodeling House Total Job Cost _____\$50.000 Description of Proposed Work: ____ **General Contractor Information** 7865089501 PROJEKT AVELLANEDA CORP Telephone Building Contractor's Company Name Alain@projektnc.com 94 Mallard loop Dr, Clayton NC 27527 Email Address Address HEATED SQ FT____1.116__ GARAGE SQ FT___300___ License # **Electrical Contractor Information** OOAmps T-Pole: ___Yes Description of Work Service Size: 2 Wave Elee Electrical Contractor's Company Name Address License # Mechanical/HVAC Contractor Information Install a new A/C Unit Description of Work NC AIR HEATING AND COOLING 919-348-3243 Telephone Mechanical Contractor's Company Name Emejia00498@gmail.com 6849 WOODTRACE DR, WENDELL NC, 27591 Email Address Address 35044 License # Plumbing Contractor Information Description of Work Replace old Pipe, and installs a new pipe for the new bathroom # Baths 2 919-390-5801 MGS PLUMBING INC Plumbing Contractor's Company Name Telephone

strong roots · new growth

113 King William Rd Raleigh, NC 27610

Address

msgplumbingnc@gmail.com

Email Address



35118 License #

Insulation Contractor Information

PROJEKT AVELLANEDA CORP / 94 Mallard Loop Dr. Clayton NC 27527
Insulation Contractor's Company Name & Address

786-508-9501 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.

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 X 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. X 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.)Wnew Date: 09/01/2021 Sign w/Title: