

Alain Camejo
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auroch.com

9.1.21 @ 2:54p



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 # _____

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

Application for Residential Building and Trades Permit

Owner's Name: Alain Camejo Date 08/19/2021
Site Address: 45 IRIS BRYANT RD Phone 7865089501
Subdivision: South Erwin Lot 9-14
Description of Proposed Work: Remodeling House Total Job Cost \$50,000

General Contractor Information

PROJEKT AVELLANEDA CORP 7865089501
Building Contractor's Company Name Telephone
94 Mallard loop Dr, Clayton NC 27527 Alain@projektno.com
Address Email Address
HEATED SQ FT 1.116 GARAGE SQ FT 300
License #

Electrical Contractor Information

Description of Work Re-wire house Service Size: 200 Amps T-Pole: Yes No
Sine Wave Electric LLC 919 500 9000
Electrical Contractor's Company Name Telephone
5513 Bellcamp Ct Raleigh NC 27610 Svaldez@Sinewaveelec.com
Address Email Address
32809
License #

Mechanical/HVAC Contractor Information

Description of Work Install a new A/C Unit
NC AIR HEATING AND COOLING 919-348-3243
Mechanical Contractor's Company Name Telephone
6849 WOODTRACE DR, WENDELL NC, 27591 Emejia00498@gmail.com
Address Email Address
35044
License #

Plumbing Contractor Information

Description of Work Replace old Pipe, and installs a new pipe for the new bathroom
Baths 2
MGS PLUMBING INC 919-390-5801
Plumbing Contractor's Company Name Telephone
113 King William Rd Raleigh, NC 27610 msgplumbingnc@gmail.com
Address 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

09-01/2021
Date

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:  owner Date: 09/01/2021