

Application :	

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

## **Application for Residential Building and Trades Permit**

on consider	
Owner's Name: Samuel & Kristi +	tolden Date: 10/5/2021
Site Address: 173 Tanna PI Came	non 28326 Phone: 9105488088/
	<u>Lot: 16</u> 5.
Description of Proposed Work: <u>EX Land d</u>	LeckTotal Job Cost: # 3,560
	actor Information
Rigoberto Galvez	910-249-3310
Building Contractor's Company Name	Telephone
1374 Moseley Ave Climbo	email Address gmail. com
Address	
License #	GARAGE SQ FT
Flectrical Contr	ractor Information
Description of Work	Service Size:Amps_T-Pole:YesNo
	Talanhama
Electrical Contractor's Company Name	Telephone
Address	Email Address
,	
License #	
	Contractor Information
Description of Work	
Mechanical Contractor's Company Name	Telephone
Medianical Contractor's Company Name	Totophone
Address	Email Address
License #	ractor Information
	# Baths
Description of Work	# Dauis
Plumbing Contractor's Company Name	Telephone
Training Contractor o Company June	
Address	Email Address
License #	ractor Information
insulation Cont	actor information
Insulation Contractor's Company Name & Address	Telephone
AND THE PROPERTY OF THE PROPER	20 TABLE 1 TAB

\*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 <a href="by signing below I have obtained all subcontractors">by signing below I have obtained all subcontractors</a> permission to obtain these permits and if <a href="any">any</a> 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 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:		