

Application # \_\_\_\_\_

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

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 Trades Permit**

Owner's Name: Josh Wall		Date 12-8-21
Site Address: 2601 Erwin R2 Dunn NC 28334	Phone	
Subdivision:	Lot	
Description of Proposed Work: Bath Room Remode	_ Total Job Cost	8,000.00
General Contractor Information		
Sevenity Built Homes  Building Contractor's Company Name	910-98	4-7042
Building Contractor's Company Name	Telephone	
PO Box 1417 Lillinston NC 27546		
Address	Email Address	
License # HEATED SQ FT GARAGE SQ	Fi	
Description of Work Can Light Electrical Contractor Information	Amps T-P	ole: Yes No
Electrical Innovators	919-279.	
Electrical Contractor's Company Name	Telephone	77.1
PO BOX 73 Angier NC 27501		
Address	Email Address	
29238		
License #  Mechanical/HVAC Contractor Inform	ation	
Description of Work	ation	
Description of work		
Mechanical Contractor's Company Name	Telephone	
	Тогорионе	
Address	Email Address	
t <del></del>		
License #		
Plumbing Contractor Information	<u>1</u>	
Description of Work Toilet Shower MVT	# Baths	
Thomas Creswell	910-751	-3500
Plumbing Contractor's Company Name  11770 IV C Hwy 50 5 Wewton Expre av 2021	Telephone	
Address  Address	2	
33354	Email Address	
License #		
Insulation Contractor Information		
- NA		
Insulation Contractor's Company Name & Address		

\*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.

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

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:  Date: 12-8-21		
Sign w/Title: Date: 12 0 01		