

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

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: Charles Ray Fisher ///	Date 2-15-02
Owner's Name: Charles Ray Fisher 111 Site Address: 9300 US 401 N Broadwa	47765Phone 919-356-7888
Subdivision:	
Description of Proposed Work: 30x40x14 Metal garage	Total Job Cost 26,800
General Contractor Information	•
Charles Fis Le Building Contractor's Company Name 79 Cortez Marrison Rd Lillingtond 784 Address OWNE	919-356-7888
Building Contractor's Company Name	Telephone
79 Cortez Morrison Rd Lillingtond 284	Cfishos9 Dgmail. Com
Address	Email Address
OWNEC HEATED SOFT GARAGE SO	DFT 1200
Electrical Contractor Information	n
Description of Work Service Size:	Amps T-Pole:YesNo
Floating Control of Control	
Electrical Contractor's Company Name	Telephone
Address	Email Address
	and region
License #	
Mechanical/HVAC Contractor Inform	<u>ration</u>
Description of Work	
Mechanical Contractor's Company Name	Telephone
	releptione
Address	Email Address
License # Plumbing Contractor Information	•
Description of Work	_# Baths
Plumbing Contractor's Company Name	Telephone
	Tolopholic
Address	Email Address
License #	
Insulation Contractor Information	1
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.

Signature of wner/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: Date: 0/15/07