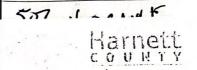
Harnett

Application #

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits * Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company **Application for Residential Building and Trades Permit** name & phone must match information on license. ASEN & MELISSA Owner's Name: WILLOWCROFT Subdivision: LEIGNUAUREIL Description of Proposed Work: Detach Ex Total Job Cost: **General Contractor Information** ateick land **Building Contractor's Company Name** LANE VOD Address 51550 HEATED SQ FT_ GARAGE SQ FT 840 **Electrical Contractor Information** Service Size: <u>100</u> Amps T-Pole: __Yes __No **Electrical Contractor's Company Name** Address **Email Address** 26767-1 License # Mechanical Contractor's Company Name Address **Email Address** 14-3-1 License # **Plumbing Contractor Information** JENDIM Plumbing Contractor's Company Name Address **Email Address** 3070 **Insulation Contractor Information**

*NOTE: General Contractor / owner must fill out and sign the second page of this application.

strong roots . new growth



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.

ignature of Owner/Contractor/Officer(s) of Corporation

Affidavit The undersigned applicant being		Compensation N.C.C	3.S. 87-14
General Contractor	Owner	Officer/Agent of the	e Contractor or Owner
Do hereby confirm under penaltie set forth in the permit:	es of perjury that th	e person(s), firm(s) or co	rporation(s) performing the work
Has three (3) or more emp	oloyees and has ob	tained workers' compens	sation insurance to cover them.
Has one (1) or more subco	ontractors(s) and ha	as obtained workers' con	pensation insurance to cover
Has one (1) or more subcocovering themselves.	ontractors(s) who h	as their own policy of wo	rkers' compensation insurance
Has no more than two (2)	employees and no	subcontractors.	
While working on the project for w Department issuing the permit ma to issuance of the permit and at ar carrying out the work	y require certificate	es of coverage of worker	's compensation insurance prio
Sign w/Title:	15/14	Burken	

, 2/14/cr