

* 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: Amber Nibe	Date1/11/22	
Site Address: 2604 Holly Springs Church Rd, Broadway	y, NC Phone 9105916484	
Subdivision: Not in a Sub	Lot	
Description of Proposed Work: Added pantry/utility room and master closet		
Total Job Cost 15,000		
General Contractor Information		
Amber Nibe	9105916484	
Building Contractor's Company Name	Telephone	
2604 Holly Springs Church Rd, Broadway, NC	ambernibe@yahoo.com	
Address	Email Address	
Homeowner HEATED SQ FT 2088 GARAGE		
<u>Electrical Contractor Info</u> Description of Work <u>Outlets and lighting to new addition</u> Service	Size: 100 Amps T-Pole: Yes No	
Self Electrical Contractor's Company Name	9105616484 Telephone	
2604 Holly Springs Church Rd Broadway, NC	ambernibe@yahoo.com	
Address	Email Address	
Homeowner		
License #	Information	
Mechanical/HVAC Contractor Information		
Description of WorkInstall Air ducts to new addition		
Joyner Dickens Mechanical Contractor's Company Name	9197746841 Telephone	
2218 Lee Ave Sanford	relephone	
Address	Email Address	
09369		
License #		
Plumbing Contractor Info	ormation	
Description of Work Move washer hookup, replace shower fixture	es and some supply lines # Baths 2	
Thomas Plumbing	919-499-8300	
Plumbing Contractor's Company Name	Telephone	
841. McArthur Road, Broadway	Email Address	
Address	Email Address	
12286		
License # Insulation Contractor Information		
Alvin Dickens	9194998616	
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.

1/11/22

Date

a Dickowa N ba

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 X 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.
X 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: Mala Dides Wib Homeowner Date: 1/11/22