

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 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 on license.	A 11 A 1		. 01 00
Owner's Name:	Curtis Currie		Date: 1-21-20
Site Address: Har	ris LN Bunnlevel nuc	28323 Phone: C	110-366-112
Subdivision:		Lot:	
Description of Propose	d Work: Metal Building		17.013.00
	General Contractor Inf		- June
USA mot	al Structures	336-0	322-8719
Building Contractor's C	ompany Name	Telephone	0111
P.O Box 1167	Dobson, NC, 27017-	167 salescha No	10 Jamail (0 33
Address	7. /	Email Address	
	HEATED SQ FT GA	RAGE SQ FT	
License #	Electrical Contractor In	formation	
Description of Work	Electrical Serv	ice Size:Amps T-Pol	e:YesNo
owner	Curve Curle		
Electrical Contractor's	Company Name	Telephone	
		_	200
Address		Email Address	3
License #	-		43.366
License #	Mechanical/HVAC Contract	or Information	
Description of Work		September 1990	
Mechanical Contractor	s Company Name	Telephone	THE PARTY I
Address		Email Address	
	_		
License #	Plumbing Contractor In	formation	
Description of West	01		
Description of Work	Plambing	# Baths	
Plumbing Contractor's	Company Name	Telephone	
r turnoring contractor's	Company Name	relephone	
Address		Email Address	
License #			
	Insulation Contractor In	nformation	
Insulation Contractor's	Company Name & Address	Telephone	
modiation Contractor S	Company Name & Address	relephone	
		1	
*NOTE: General	Contractor / owner must fill out and s	sign the second page of this	s application.

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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 Owner/Contractor/Officer(s) of Corporation 1-21-22 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: