



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.

Sign	ture of Owner/Contractor/Officer(s) of Corporation Date
Sign	THE STATE OF THE PARTY OF THE P
	Affidavit for Worker's Compensation N.C.G.S. 87-14
	undersigned applicant being the:
The	General Contractor Owner Officer/Agent of the Contractor or Owner
	nereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the wo
set	orth in the nermit
	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
the	

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