

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 name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name:	es Sites			Date:	2-14-	2027	
Owner's Name:	physton County	Road, Angrer	NC Ph	one: 919-	559-	391	
Subdivision:			Lo	t			
Description of Proposed Work	Exterior Roofe	d Deck 12x18	Total Job C	Cost: \$40	00		
		ctor Information					
Building Contractor's Compar	ny Name		Telephone				
Address			Email Addre	ess		-	
	HEATED SQ FT	GARAGE SC	FT				
License #				1			
Description of Work None	Electrical Contr	actor Information Service Size:	Amps	T-Pole:	_Yes _	_No	
Electrical Contractor's Company Name			Telephone	1		-	
Address	ddress Em			mail Address			
License #  Description of WorkNone	Mechanical/HVAC C						
Mechanical Contractor's Com	pany Name	100	Telephone		6	-	
Address			Email Addr	ess			
License #	Plumbing Contr	actor Informatio	<u>n</u>				
Description of Work None	<u>e</u>	7 - 3	_# Baths		_		
Plumbing Contractor's Compa	any Name		Telephone				
Address			Email Addr	ess			
License #	Insulation Cont	ractor Informatio	<u>n</u>				
Insulation Contractor's Company Name & Address			Telephone	1			

\*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.

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2-14-2022					
Signature of Owner/Contractor/Officer(s) of Corporation 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: 2-14-2022					