

Application # \_\_\_\_\_

t Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. 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: Broth & Carrie Amack	Date 2 14/2022
Site Address: 193 Tripp Road	
Subdivision:	Lot
Description of Proposed Work: Expand Kitchen	Total Job Cost 3500
General Contractor Information	
Homeowner	
	Telephone
	g
Address	Email Address
License #	ET
Electrical Contractor Information	
Description of Work Service Size:	Amps T-Pole:YesNo
Electrical Contractor's Company Name	Telephone
Address	Email Address
Owner	Email Address
License #	
Mechanical/HVAC Contractor Informa	ation
Description of Work	
Mechanical Contractor's Company Name	Talanhana
Mechanical Contractor's Company Name	Telephone
Address	Email Address
	- Indian Address
License #	
Plumbing Contractor Information	
Description of Work	# Baths
District Control of Control	
Plumbing Contractor's Company Name	Telephone
Address	Email Address
nine	
License #	
Insulation Contractor Information	1
Insulation Contractor's Company Name & Address	Telephone

\*NOTE: General Contractor / owner must fill out and sign the second page of this 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** 46 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

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: 2004/2022	