

Application #

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

& phone must match nation on license.	Application for Residential Building and	Trades Permit	
Owner's Name:	Jonathan Markovich	Date: 3-8-202	
Site Address: 118	Timber Ril In	Phone: 910-964-999	
Description of Propo	sed Work: Garage / Metal Building	Total Job Cost 15 000	
	2 12 1 1 1 1 2 2 2		
Shel Rill	General Contractor Information	844-337-4137	
Building Contractor's	s Company Name	Telephone	
PO Box	1287 Mt. Alry, NC 27030		
Address		Email Address	
	HEATED SQ FT GARAGE	SOFT 720	
License #	Electrical Contractor Informat	ion	
Description of Work	Service Size	:Amps T-Pole:YesNo	
Josethen V	Mackovich	The state of the s	
Electrical Contractor		Telephone	
		Free! Address	
Address		Email Address	
License #			
2.001.00 1.	Mechanical/HVAC Contractor Info	mation	
Description of Work			
Mechanical Contract	tor's Company Name	Telephone	
Address		Email Address	
Address		Email Address	
License #			
	Plumbing Contractor Informat	<u>ion</u>	
Description of Work		# Baths	
Plumbing Contractor	's Company Name .	Telephone	
JOH GTAG	in Markovich	Email Address	
Address		Linaii Address	
License #			
	Insulation Contractor Information	Hon	
Insulation Contractor	's Company Name & Address	Telephone	
*NOTE: Genera	al Contractor / owner must fill out and sign the	e second page of this application.	
	strong roots · new growth		



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 bysigning 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

The undersigned ap	Affidavit for Worke	er's Comp	ensation N.C.G.S.	87-14	
General Co	ntractor Owner		Officer/Agent of the Cor	ntractor	or Owner
Do hereby confirm uset forth in the perm	inder penalties of perjury t it:	that the pers	on(s), firm(s) or corpora	ation(s)	performing the work
Has three (3)	or more employees and h	nas obtained	workers' compensation	n insura	nce to cover them.
Has one (1) o	or more subcontractors(s)	and has obt	ained workers' compens	sation in	nsurance to cover
Has one (1) covering themselves	or more subcontractors(s) s.	who has the	ir own policy of workers	s' compe	ensation insurance
Has no more	than two (2) employees a	nd no subco	intractors.		
Department issuing	e project for which this per the permit may require ce ermit and at any time durir k/	rtificates of o	coverage of worker's co	mpensa	ation insurance prior
Sign w/Title:	M			Date:_	3-8-2022