## Harnett

Must be owner/occupier of licensed contractor. Address; company name & phone must match information on license.

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

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** 

Site Address: 45 Wale Startenson Rd Wolfston:  Description of Proposed Work: Swinning 2001  General Contractor Information  Margar Maines  Building Contractor's Company Name  45 Wale Stephenson Rd  Address  HEATED SOFT SARAGE SO	Total Job Cost \$55,000  336-906-6979  Telephone  Marcia M10618 a Mai
Description of Proposed Work: Suincing 2001  General Contractor Information  Marcial Maints  Building: Contractor's Company Name  45 Jude Stephenson Rd.  Address  HEATED SO FT GARAGE SO	336-906-6979 Telephone
General Contractor Information  Marcial Maint  Building Contractor's Company Name  45 Jude Stephenson Rd.  Address  HEATED SO FI GARAGE SO	336-906-6979 Telephone
Marcial Maintes  Building Contractor's Company Name  45 White Stephenson Rd.  Address  HEATED SO FT GARAGE SO	336-906-6979 Telephone
Building Contractor's Company Name  15 Unde Stephenson & Address  Address  HEATED SO FT  GARAGE SO	Telephone
Address HEATED SQ FT GARAGE SC	Marcia MANGA BANGIL
HEATED SO FT GARAGE SO	THAT C. I WITH LOVE LIVE UNIVERSITY
HEATED SQ FT SARAGE SC	Email Address
	) FI
Electrical Contractor Information	*
	Amps T-Pole:Yes VNo
Pool and Soa Electric LLC	919-793-1538
Electrical Contractor's Company Name	Telephone
89 Savannah Ridge Ct	pandselectrical grant an
Address 30707	Email Address
icense #	
Mechanical/HVAC Contractor Inform	ation
Description of Work	The state of the s
NIX	
Mechanical Contractor's Company Name	Telephone
The state of the s	F 33.11
Address	Email Address
icense#	
Plumbing Contractor Information	<u>n</u>
Description of Work	# Baths
NA	The same of the sa
Plumbing Contractor's Company Name	Telephone
ddress	Email Address
OUIESS	Email Address
icense#	
Insulation Contractor Information	<u>n</u>
NIA	
nsulation Contractor's Company Name & Address	Telephone

## TIGINETT

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 Hamett 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 Hamett County Central Permitting Department of Explanation.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee

The	Affidavit for Worker's Compensation N.C.G.S. 87-14 undersigned applicant being the:
	General Contractor Owner Officer/Agent of the Contractor or Owner
Do h	ereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work
	Has three (3) or more employees and has obtained workers' compensation insurance to cover them.
hem.	Has one (1) or more subcontractors(s) and has obtained workers'
over	Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance ing themselves.
Segar I	Has no more than two (2) employees and no subcontractors.
iss	working on the project for which this permit is sought it is understood that the Central Permitting rtment issuing the permit may require certificates of coverage of worker's compensation insurance prior uance of the permit and at any time during the permitted work from any person, firm or corporation ng out the work.
	WTitle Mana Dance Date: 2/25/22