

Application #

\* 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:CAA	el MillER		Date 3/23/22
Site Address: 1351	Live Rel	Phone	910.890-695
Description of Proposed V	Nork: Ingrayed Pool	Total Job Cost	38,686
_ 11 / 1 /	General Contractor Informati		
Poul Store of	the fines	7/0-725- Telephone	1003
Building Contractor's Com	npany Name	Telephone	
945 old us	Hay 1 Southern Pines	jefføjltac	kee contraction
Address		Email Address	- Cam
87213	HEATED SQ FT GARAGE	SQFT	
License #			
Description of Work	LING FOR Equip. Service Size	tion	ole: Ves No
TB BATES	Choy 400 year Cy 4/2 Service Size	910-50	PF - 00 100
Electrical Contractor's Con	mpany Nama	Telephone	13 -0246
ST/ - TZ	Take of Ca Harris AV 2003		
Address	AKE Rd , Canthage, NC 28327	Email Address	
		Email Address	
27492L License #			
License #	Mechanical/HVAC Contractor Info	rmation	
Description of Work			
Mechanical Contractor's Company Name		Telephone	
Address		Email Address	
Addless		Email Address	
License #			
License #	Plumbing Contractor Informat	tion	
Description of Work		occident.	
Description of Work		# Daths	
Plumbing Contractor's Co.	mnany Name	Telephone	
riumbing contractors co	mpany Name	releptione	
Address		Email Address	
License #			
	Insulation Contractor Informa	tion	
		9 20 20 20 20 20 20 20 20 20 20 20 20 20	
Insulation Contractor's Co	mpany 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** - 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	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
	nereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work orthin the permit:
_	Has three (3) or more employees and has obtained workers' compensation insurance to cover them.
ther	Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover 1.
cov	Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance aring themselves.
	Has no more than two (2) employees and no subcontractors.
Dep to is	e working on the project for which this permit is sought it is understood that the Central Permitting artment issuing the permit may require certificates of coverage of worker's compensation insurance prior suance of the permit and at any time during the permitted work from any person, firm or corporation ying out the work.
Siai	w/Title: Date: 3/23/22

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