

* Must be owner/occupier or 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

Owner's Name: Robert Smith	Date _ 04/08/2022
Site Address: 182 Winged Foot Dr Bunnlevel NC 28323	Phone 678-234-5401
Subdivision:	
Description of Proposed Work:foundation repair: 4 smart jacks and full encapsulation to include conden General Contractor Information	Total Job Cost15962 sation pump and dehumidifier
Southeast Foundation Repair LLC	910-299-0198
Building Contractor's Company Name 709 1/2 Southwest Blvd Clinton NC 28328	Telephone vsoto@sefoundationrepair.com
Address	Email Address
n/a - under 30 k HEATED SQ FT 944 GARAGE S	QFT
License #	No. 11/2
Description of Work Service Size:	Amps T-Pole:YesNo
Electrical Contractor's Company Name	Telephone
Address	Email Address
License # Mechanical/HVAC Contractor Inform Description of Work	II/a
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License # Plumbing Contractor Information	<u>on</u> n/a
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License #	
Insulation Contractor Information	n/a
Insulation Contractor's Company Name & Address	Telephone

*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.

04/08/2022

Vivian Soto

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
General Contractor Owner _x 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:	
X 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: Jeorge Herring general manager Date: 04/08/2022	