

\* 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**

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Owner's Name: Golden Bear Ranch LLC	Date 6/18/22	
Site Address: Book 4150 Pa 1510-1513	Phone 919-801-3237	
Subdivision: NA Present Western	Lot NA	
Description of Proposed Work:	Job Cost	
General Contractor Information		
CREATIVE home Bldg & Rudly OFNCILC	918-801-3237	
	Telephone	
272 Shelby LN Silen City 27344	Telephone CREATIVELOMEBUILDING & EASTHIN	
Address	Email Address Shed 392	
8/80R HEATED SQ FT GARAGE SC	IFT Shed 372	
License # Electrical Contractor Informatio	n	
Description of Work Shed Lighting Service Size:	Amps T-Pole:YesNo	
KMS Electric	919-895-1478	
Electrical Contractor's Company Name	Telephone	
HICK'S RA BROADWAY	DANNYHAShoo7@gmail.com	
Address	Email Address	
233492		
License # Mechanical/HVAC Contractor Information		
Description of Work		
Description of work		
Mechanical Contractor's Company Name	Telephone	
Mechanical Contractor's Company Name	Telephone	
Mechanical Contractor's Company Name  Address	Telephone Email Address	
Address		
Address License #	Email Address	
Address  License #  Plumbing Contractor Information	Email Address	
Description of Work  PLUMB ING HEWHOUS &	Email Address  # Baths 2	
Description of Work Plumb ING Hew House  Plumbing Contractor Information  Description of Work Plumb ING Hew House	Email Address  # Baths 2 919 770 0723	
Address  License #  Plumbing Contractor Information  Description of Work PLUMBING FUMBING  Plumbing Contractor's Company Name,	# Baths 2 919 770 0723 Telephone	
Description of Work Plumb ING Hew House  Plumbing Contractor Information  Description of Work Plumb ING Hew House	# Baths 2 919 770 0723 Telephone	
Address  License #  Plumbing Contractor Information  Description of Work Plumbing Flumbing Contractor's Company Name,  5321 SWAWS STATION RP	Email Address  # Baths 2 919 770 0723  Telephone  WCOMERO W INDS FREAM. NE	
Address  License #  Plumbing Contractor Information  Description of Work Plumbing Flumbing Contractor's Company Name,  5321 Swaws Station RP  Address  License #	# Baths 2 919 770 0723 Telephone WComer WINDS ARAM. NE	
Address  License #  Plumbing Contractor Information  Description of Work Plumbing Flumbing Contractor's Company Name,  5321 Swaws Station RP  Address  1/824	# Baths 2 919 770 0723 Telephone WComer WINDS ARAM. NE	
Address  License #  Plumbing Contractor Information  Description of Work Plumbing Fumbing Contractor's Company Name,  5321 Swaws Station RP  Address  License #  Insulation Contractor Information	# Baths 2 919 770 0723 Telephone WCom ER W INDS & ROAM. NE	
Address  License #  Plumbing Contractor Information  Description of Work Plumbing Flumbing Contractor's Company Name,  5321 Swaws Station RP  Address  License #	# Baths 2 919 770 0723 Telephone WComer WINDS ARAM. NE	

\*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 <a href="mailto:by signing below I have obtained all subcontractors">by signing below I have obtained all subcontractors</a> permission to obtain these permits and if <a href="mailto:any">any</a> changes occur including listed contractors, site plan, number of changes, and trade plans, Environmental Health permit changes or proposed use 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 Date

1 1	Affidavit for Worker's Compensation N.C.G.S. 87-14 signed applicant being the:
G	eneral Contractor Owner Officer/Agent of the Contractor or Owner
	confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work the permit:
На	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
Has covering to	s one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance nemselves.
На	s no more than two (2) employees and no subcontractors.
Departmento issuance	king on the project for which this permit is sought it is understood that the Central Permitting at issuing the permit may require certificates of coverage of worker's compensation insurance prior to of the permit and at any time during the permitted work from any person, firm or corporation at the work.
Sign w/Tit	e: 1/h ) War Date: 4/15/22