

		Application #
be owner/occupier or d contractor. Address, ny name & phone must	Harnett County Central F 420 McKinney Pkwy Lillington, PO Box 65 Lillington, NC 910-893-7525 ext. 1 Fax 910-893-2793 w	, NC 27546 27546
nformation on license.	Application for Residential Building	g and Trades Permit
Owner's Name:Anth	ony Boles	Date 7/13/22
Site Address: 489 L	₋enoir Drive Spring lake NC 28390	Phone 910-583-6064
	ed Work: Install 4 piers to stabilize existing structure from furth	
	arheel Basement System)	—
Building Contractor's Company Name		Telephone
1741 Corporate Landing Pwky		Alexis.Pulley@tarheelbasementsystems
Address		Email Address
79336	HEATED SQ FT GAF	RAGE SQ FT
License # Description of Work	Electrical Contractor Inf Servio	formation ce Size:Amps T-Pole:YesNo
Electrical Contractor's	Company Name	Telephone
Address		Email Address
License #	Mechanical/HVAC Contracto	or Information
Description of Work		
Mechanical Contractor's Company Name		Telephone
Address		Email Address
License #	Plumbing Contractor Inf	formation
Description of Work		
Plumbing Contractor's Company Name		Telephone
		Email Address
Address		
Address License #	Insulation Contractor Int	formation



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 <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> 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

7/13/2022 Date

Affidavit for Worker's Compensation N.C.G.S. 87-14			
The undersigned applicant being the:			
General Contractor Owner 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:			
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: Meying Pulley Permit Coordinator Date: 7/13/2022			