

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match info

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.hamett.org/permits

| ormation on license.                                    | Application for Residential Building and Tr                                    | rades Permit                                     |
|---|--|--|
| Owner's Name:   |  | Date 7/25/203<br>^1.495 Phone 9/9-346-152        |
| Subdivision:  |  | Total Job Cost 30,000                            |
| General Contractor Information                          |  |  |
| 50Me  |  |  |
| Building Contractor's C                                 | ompany Name  | Telephone  |
| Address   |  | Email Address                                    |
| License #   | HEATED SQ FT, 57 GARAGE SO   | 2F1 - 2 7.5                                      |
| Description of Work                                     | Flectrical Contractor Information  Fre New Pool House Service Size:            | <u>20</u> Amps T-Pole: Yes XNo                   |
|   | Company Name<br>Angier NC  | Telephone Electric hizeHotmail.com Email Address |
| Address L29238 License #                                | _  |  |
|   | Mechanical/HVAC Contractor Inform  | nation   |
| Description of Work                                     | 11 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -                                       | 14 76  |
| Mechanical Contractor  1539 Wadd                        | s Company Name STephenson, Holly Springs                                       | JCSHVAC Blomail.com                              |
| HV312655  | _  | Email Address                                    |
| License #   | Plumbing Contractor Information  | on ,   |
| Description of Work Phase Plumbing Contractor's Address | Jumb New Pool House-<br>Joses Anguilar<br>Company Name<br>Ay R. d Four Qaks NC | # D-the  |
| Stephen Bulling Insulation Contractor's                 | Insulation Contractor Information Company Name & Address NC                    | on 9/9-937-8479<br>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 <a href="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="any">any</a> 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

of Owner/Contractor/Officer(s) of Corporation

7/25/2022

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:

Date:

Date:

Date: