

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

ormation on license.		
	Application for Residential Building and Tr	rades Permit
Owner's Name:	iangle Home Pros LLC	Date 7/25/2020 5 NC Phone 9/9-346-1528 Lot 2
Site Address: 32	I myer kail Live Holly Spiry	Phone /// 3/6 /3
Subdivision:	angle Home 1108 Hose	Lot
Description of Propose	d Work: Bolla /VEGE VET //	_ Total Job Cost
	General Contractor Information	<u>n</u>
50Me	Pammany Nama	Telephone
Building Contractor's C	company Name	relephone
Address	HEATED SQ FT. 57 GARAGE S	Email Address
License #		
Description of Work DETECTRICS Electrical Contractor's Po BOX 73 Address L29238	Angier NC	Telephone Electric Diz Offormail. Com Email Address
License #	Mechanical/HVAC Contractor/Inform	mation
Tric Hat	Mechanical New Foot 110	919-552-3053
Licénse #	Plumbing Contractor Informate Plumb New Pool House Votes Anguilas s Company Namé Ay R. d. Fous Qaks NC	# Baths
Stephen Bulletion Contractor	insulation Contractor Information Contractor	9/9-93 7-8479 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.

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.

7/25/2022

Signature of Owner/Contractor/Officer(s) of Corporation

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. Date:			
Sign w/Title:			