

\* 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: Blanca Martinez		Date	07/29	/2022
Site Address: 132 Rosebud St Sring Lake NC 28390		9105	580288	5
Subdivision:	Lot			
Description of Proposed Work: installation of 4 smart jacks, 15ft steel beam to stabilize floor General Contractor Information	_ Total Job Cost	6750		_
Southeast Foundation and Crawlspace Repair LLC	910-490-416	9		
Building Contractor's Company Name	Telephone			
709 1/2 Southwest Blvd Clinton NC 28328 Address	vsoto@sefou Email Address	ndatio	nrepair	<u>com</u>
n/a under 30k HEATED SQ FT GARAGE SQ	FT			
License #				
Description of Work n/a  Electrical Contractor Information Service Size:		Pole:	_Yes	_No
Electrical Contractor's Company Name	Telephone			-
Address	Email Address			-
License #  Mechanical/HVAC Contractor Information of Workn/a				
Mechanical Contractor's Company Name	Telephone			-
Address	Email Address			_
License #  Plumbing Contractor Information	1			
Description of Work <u>n/a</u>	_# Baths		_	
Plumbing Contractor's Company Name	Telephone			-,.
Address	Email Address			-
License #				
Insulation Contractor Information	<u>1</u>			
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 <a href="bysigning below I have obtained all subcontractors">bysigning below I have obtained all subcontractors</a> <a href="permission to obtain these permits">permission to obtain these permits</a> 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.

07/29/2022

Vivian Soto

Signature of Owner/Contractor/Officer(s) of Corporation Date
Affidovit for Worker's Commencetion N.C.C. 97.44
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
General Contractor OwnerX 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: Vivian Soto Date: 07/29/2022