

Application # _____

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license. Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

on on license.	
Owner's Name: TOSe MORENO	Date: 8.8.32
Site Address: N 14th St.	Phone: 919-868-9111
Subdivision:	Lot:
Description of Proposed Work: Building one Set of Dup	Hexes
General Contractor Information	
Element Sovice Group mechanical	919.946.8828
Building Contractor's Company Name	Telephone
1400 Wowell Rd. Roleigh nc 27607 Address	ws.Stout@callelement.com Email Address
82263	
License #	
Description of Work Purificulty Language Service Size:	<u>1</u> Amps T-Pole: ☐ Yes ☐ No
Nutu maima	919-641-8233
Electrical Contractor's Company Name	Telephone
4707 miller Dr. Durham nc 27707	zinnahsre smail. Com
Address	Email Address
181-20L	
License #	
Mechanical/HVAC Contractor Inform	<u>ation</u>
Description of Work Certal Heating & Air	a a Cui secon
Mechanical Contractor's Company Name	919.946.8888 Telephone
1400 Nowell Rd. Raleigh nc. 27607	was strate call dement com
Address	Email Address
License #	
Plumbing Contractor Information	<u>n</u>
Description of Work Ruffing transcription of Work Ruffing transcription	R# Baths 4
William Pize Solutions U.C.	919.912.7400
Plumbing Contractor's Company Name	Telephone
4064 Hockaday Rd. Four Oaks nc 27524	wallaceppesolutions@gmail.com
Address	Email Address
34976	
License # Insulation Contractor Information	
TOSOM OVER O 1508 MEGLOW WHITE	<u>" 919-868-9111</u>
Insulation Contractor's Company Name & Address	Telephone
Insulation Contractor's Company Name & Address Garner C 27539	•

*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.

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 8.8.33 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: Gose Movens Curver Date: 8.8.22	