

Application # BRES 2208-0031

\* 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**

Owner's Name: Lance Richter	Date: 5/1/23
Site Address: 914 Harrington Road	Phone: 9199314399
Subdivision:	Lot:
Description of Proposed Work: Garage 30x40	
General Contractor Infor	<u>mation</u>
Building Contractor's Company Name	Telephone
Address	Email Address
License #	
Electrical Contractor Info	rmation
Description of Work new panel, bathroom wiring, front Igl Service	Size: 200 Amps T-Pole: Yes No
Brothers Electric Co. INC	9197966428
Electrical Contractor's Company Name	Telephone
6002 B Triangle Dr, Raleigh NC 27617	paulbrothers@bellsouth.net
Address	Email Address
11451-U	
License #	
Mechanical/HVAC Contractor	<u>Information</u>
Description of Work	
· ·	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License #	
Plumbing Contractor Info	<u>rmation</u>
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License #	
Insulation Contractor Info	rmation
nsulation 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 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.

5/1/23

Signature of Owner/Contractor/Officer(s) of Corporation	Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14		
The undersigned applicant being the:		
General Contractor Owner O	fficer/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 obtaithem.	ned workers' compensation insurance to cover	
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 Department issuing the permit may require certificates of co to issuance of the permit and at any time during the permitted carrying out the work.	verage of worker's compensation insurance prior	
Sign w/Title:	Date:	