

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.hamett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: AMBER FOW	Date 9/20/22
Site Address: 3330 Abothoir Rd. Angler, NC 2750	
Subdivision: DS- 00522-001-001-CUrrin Turlingtor	
Description of Proposed Work: REMODE Home interior	
2052 Sq. Feet General Contractor Information	
OWner- Amber For	919-612-2501
Building Contractor's Company Name	Telephone
7000 Starchase LM. FV, NC 27526	amber Ltaw@gmail.com
Address	Email Address
HEATED SQ FT 2052 GARAGE SQ FT 784	
Flectrical Contractor Information	
Description of Work KEPICIC E ECTVICOI Service Size:	Amps T-Pole: VesNo
Owner-Amber Faw	919-612-2501
Flectrical Contractor's Company Name 7000 Storchold Un. FV, NC 27524	Telephone
Address	Olmber L FOLWogmai I Com Email Address
7.55.000	Email Address
License #	
Mechanical/HVAC Contractor Information	
Description of Work REPLACE TVAC	(10, 1010, 250)
Mechanical Contractor's Company Name	919-612-2501 Telephone
7000 Starchase in FVINC 27526	amber L faw (agmai). com
Address	Email Address
License # Plumbing Contractor Information	
Description of Work REPLACE DIUMBING	
Oliner- Amber Fair	# Baths 5
Plumbing Contractor's Company Name	Telephone
7000 Starchase Ln. FV, NC 27526	amber Ltaw@gmail.com
Address	Email Address
Liaman H	
License # Insulation Contractor Information Out Contractor Information	
Owner- Amber tow 7000starchase un.	919-612-2501
Insulation Contractor's Company Name & Address FVINC77574	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.

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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.	
Inher tan 9/20/22	
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 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:	