

Application #

\* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, name & phone must match 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**

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Owner's Name: JAMES WHITE	Date:
Owner's Name: <u>JAMES WHITE</u> Site Address: 19 PERNEY CT. FUGURY VARINA NO Subdivision: <u>HADDEN</u> PEINTE	275'26 Phone: (320) 360 - 0
Subdivision: HADDEN PEINTE	Lot: 45
Description of Proposed Work: 14 x 24 STORAGE	Cheel Total Job Cost: 12,500
Building Contractor's Company Name	(9/9) 776.00
Building Contractor's Company Name 1732 Westover DRIVE SANFORD	Telephone
Address	Email Address
	RAGE SQ FT
License # Electrical Contractor Ir	nformation
Descript on of Work Serv	vice Size:Amps T-Pole:YesNo
Electrical Contractor's Company Name	Telephone
Address	Email Address
License #  Mechanical/HVAC Contract	tor Information
Description of Work	
Mechan cal Contractor's Company Name	Telephone
Address	Email Address
License #	
Plumbing Contractor I	nformation
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
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License #	mformation.
License #  Insulation Contractor I	nformation
	nformation 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.

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 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: Navy A USITE Date: 1-8-22