

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.harnett.org/permits

## **Application for Residential Building and Trades Permit**

Owner's Name: Paula Copley			Date	3/23	/23	
Site Address: 3110 Overhills Rd., Bunnlevel, NC 28						
Subdivision:		Lot				
Description of Proposed Work: Adding Deck to Mobile						
General Contractor	Information					
Shepherd Response LLC		(919) 298	3-2312	)		
Building Contractor's Company Name		Telephone				
1332 Baez Street, Raleigh, NC 27608		heena@sheph	erd-resp	onse.	com	
Address	I	Email Address				
	GARAGE SQ I	<del>-T</del>				
License #  Electrical Contracto	r Information					
Description of WorkS	ervice Size:	Amps T-F	Pole:	Yes_	No	
Electrical Contractor's Company Name	-	Telephone				
	<del></del> -					
Address	ŀ	Email Address				
License #						
Mechanical/HVAC Contr	actor Informat	tion_				
Description of Work			_			
Mechanical Contractor's Company Name	-	Telephone				
·	<del></del> -					
Address	ŀ	Email Address				
License #						
Plumbing Contracto	r Information					
Description of Work		# Baths				
,				_		
Plumbing Contractor's Company Name		Telephone				
Address	į.	Email Address				
Lineary #						
License # Insulation Contracto	r Information					
Insulation Contractor's Company Name & Address	<del></del> =	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.

Sheena Ibasco 3/23/23					
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 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.					
$\underline{X}$ 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: Sheena Plasco Administrative Assistant Date: 3/23/23					