

Application # \_\_\_\_\_

\* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Addless, 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.	2 -1 11 1 1	Date: 12/2/22
Owner's Name:	Banta Hauston	Date: 14411
Site Address: 5/2	Homestead LN Angier, NC	Date: 12/2/12 2750/ Phone: 252-560-994 Lot:
Subdivision:	0	Lot:
Description of Propose	d Work: Build a 20 x 30 deck	Total Job Cost: 43,730
<b>A</b>	General Contractor Inform	nation
Decks Plu	<u></u>	(919) 585-2507
Building Contractor's C	Company Name	ortalization and com
	10 Bus W Clayton NC 27520	Email Address
Address	HEATED SQ FT GARAG	(9/9) 585-2587 Telephone  Cfack: 10/0 gmail. com Email Address  Deck only ble
License #		
- 1	Electrical Contractor Inform Service S	nation Size: Amps T-Pole: YesNo
Description of Work	0017100	5125.
Electrical Contractor's	Company Name	Telephone
Electrical contractors		
Address		Email Address
	_	
License #	Mechanical/HVAC Contractor In	nformation
Description of Work		
Describitory of From _		
Mechanical Contractor	's Company Name	Telephone
		From Address
Address		Email Address
License #	_	
License #	Plumbing Contractor Inform	mation
Description of Work		# Baths
	_	
Plumbing Contractor's	Company Name	Telephone
		Email Address
Address		Ellidii Addiess
License #	_	
Licondon	Insulation Contractor Infor	mation
		T-1b
Insulation 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 lee scriedule.
Steve Stock 12/2/2022
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
Sign w/Title: San Janation Manager Date: 12/2/2022)