

*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Application # _____

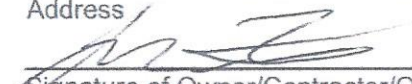
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits
COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Josh Faw Date: 1/4/23
 Site Address: 3348 Abattoir Rd. Angier, NC 27501 Phone: 919-612-4048
 Description of Proposed Work: Home Renovation and Maintenance

General Contractor Information: Building Cost \$ 28,000.00

Josh Faw 919-612-4048
 Building Contractor's Company Name Telephone
7000 Starchase Ln. Fuquay Varina, NC 27526 jtfaw7@gmail.com
 Address Email Address


 Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information: Electrical Cost \$ _____

Description of Work _____ Service Size: _____ Amps #T-Poles _____
 Electrical Contractor's Company Name Telephone
 Address Email Address

Signature of Owner/Contractor/Officer(s) of Corporation License #


Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work HVAC # Units 1
Stephenson Heating & Air 919-329-0686
 Mechanical Contractor's Company Name Telephone
343 Shipwash Dr. Garner NC 27529 Stephensonhvac@aol.com
 Address Email Address


 Signature of Owner/Contractor/Officer(s) of Corporation License #

Plumbing Contractor Information: Plumbing Cost \$ 1,000.00

Description of Work Connect Existing Plumbing to Well # Baths 2
Josh Faw 919-612-4048
 Plumbing Contractor's Company Name Telephone
7000 Starchase Ln. Fuquay Varina, NC 27526 jtfaw7@gmail.com
 Address Email Address

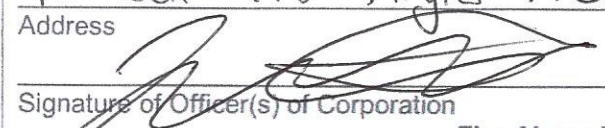

 Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information

Insulation Contractor's Company Name & Address Telephone

***NOTE: General Contractor must fill out and sign the second page of this application**

Septic
~~Sprinkler~~ **Contractor Information**

<u>Cardenas Construction LLC</u>	<u>919-291-9555</u>
Sprinkler Contractor's Company Name	Telephone
<u>PO Box 495 Angier NC 27501</u>	
Address	Email Address
	<u>2455</u>
Signature of Officer(s) of Corporation	License #

Fire Alarm Contractor Information

_____	_____
Fire Alarm Contractor's Company Name	Telephone
_____	_____
Address	Email Address
_____	_____
Signature of Officer(s) of Corporation	License #

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

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 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 charged at full price per current fee schedule.

	<u>1/4/23</u>
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.

<u>Owner</u>	<u>1/4/23</u>
Sign w/Title:	Date: