



Harnett County Central Permitting
 420 McKinney Pkwy Lillington, NC 27546
 PO Box 85 Lillington, NC 27546
 910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application # _____

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: CHLOKINE GOLD LLC. Date 11-09-2002
 Site Address: 501 N 14TH ST, ERWIN, NC 28329
 Subdivision: N/A. Lot _____
 Description of Proposed Work: REMOVE DAMAGED Total Job Cost \$28,000
Dr, Wall, Floor and Replace

General Contractor Information
 Building Contractor's Company Name: H E E TRIANGLE RESTORATION Telephone: 919-482-5793
 Address: 205 RUBY RIDGE RD DURHAM NC 27703 Email Address: salgadoemma40@gmail.com

License # _____
Electrical Contractor Information
 Description of Work: Remove & Replace all electrical Service Size: _____ Amps T-Pole: Yes ___ No ___
 Building Contractor's Company Name: L House Electrical Services Inc Telephone: 252-531-015
 Address: 110 Wilson Ln Blenheim NC 27810 Email Address: lhouseelectrical@gmail.com
 License # 31573

License # _____
Mechanical/HVAC Contractor Information
 Description of Work: Remove & replace unit & ducts
 Mechanical Contractor's Company Name: MORALES HEATING & COOLING Telephone: (919) 914-4490
 Address: 521 LOCUST RD, HILLSBOROUGH 27578 Email Address: mordeshvac47@gmail.com
 License # 35463

License # _____
Plumbing Contractor Information
 Description of Work: N/A # Baths: _____
 Plumbing Contractor's Company Name: _____ Telephone: _____
 Address: _____ Email Address: _____
 License # _____

License # _____
Insulation Contractor Information
 Insulation Contractor's Company Name & Address: N/A Telephone: _____

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



Jonny Vargas
919-323-5336

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.

Claudia Ventrell
Signature of Owner/Contractor/Officer(s) of Corporation

11-09-2022
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: EMMA SALGADO

Date: 12/20/22