

Application #

* Each section below to be filled out by whomever performing work.

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

	[MISSTHERESSARES]	owner/occupier or licensed r. Address, company		
	name & p	phone must match	Application for Residential Building and Tra	
	moman	Owner's Name: Ali	cia Ramirez gracida" - griselda Ra	mirez gracida Date: Jan-27-2023
		Site Address: 149	smith DR Angier NC 27501	Phone: <u>984-225-9101</u>
		Subdivision: Sans	ly Grove	Lot: #9"
		Description of Propose	ed Work: Addition - 2 Bed-Room + 1 Bath	- Total Job Cost: 60,000
General Contractor Information				
*	licia	THE &	Griseldo Ramirez Gracido	919-271-2163
		Building Contractor's	company Name	
		149 141 5mm Address	h DR. Angier NC 27501	Ricky smith 08 311966 @g mail. com. Email Address
			HEATED SQ FT 1,920 GARAGE SC	
License # Electrical Contractor Information				
Description of Work Service Size: 200 Amps T-Pole:				200 Amps T-Pole:YesNo
		mahry's Elec	ctric Service Inci	919-639-4837
		Electrica Contractor's	Company Name	Telephone
		731 makry R	J. Angier NC 27501	Email Address
		150077U		
		License #	Mechanical/HVAC Contractor Inform	ation
Description of Work				
			Heating + Rik . Trc . r's Company Name	919-984-6059 Telephone
			in street Coats NC 27521	, siepiisii
		Address	in spreet carb to c state.	Email Address
		30048		
		License #	Di coloni Controlo Information	
		Z	Plumbing Contractor Informatio	
1	. R	Description of Work _	1-Bathoom.	# Baths
11	icia Kan	Plumbing Contractor's	Company Name	7/9-2/1-2/63 Telephone
			mill DR Angier NC 27501	relephone
		Address	WHY DE MAILE OF E1301	Email Address
		License #		
			Insulation Contractor Information	
		Insulation	on Inc. 5902 Raleigh NC	919-772- 9000 Telephone
		insulation Contractor	s Company Name & Address	i elephone
			(* *)	

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*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 <a href="mainto: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.

Alicio Kamirez Gracida Griselda Ramirez Gracida Signature of Owner/Contractor/Officer(s) of Corporation

1/27/23 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: Alcia Ramerez Gracida Greselda Raminez Gracida Date: 127/23