

Application #

 Each section below to be filled out by whomever performing work.
 Must be owner/occupier or licensed contractor. Address, 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

n on license.	11
Owner's Name: FORREST : JULE DEVITA	Date: 01/06/23
Site Address: 658 TRUELDIE PD How	SPRINUS, NC 27540 Phone:
Subdivision: N/A	Lot:
Description of Proposed Work: Workshop	Total Job Cost: 45, 000
General Contra	ctor Information
WILLIAM JUNCANNON CONSTR., LLC Building Contractor's Company Name	919:427-7374 Telephone
Building Contractor's Company Name	Telephone
1304 LAKESTONE VILLAGE LN F	-V, NC randy vun egmail. com
Address	Email Address
	GARAGE SQ FT 640
License #	actor Information
Description of Work	Service Size: 200 Amps T-Pole:YesNo
DEAN ELECTRIC, LLC Electrical Contractor's Company Name	Telephone
2837 BAPTIST GROVE RD F.V. NC	austindean electric agmail.
Address	Email Address
L-29839	
License #	antonata a Information
	ontractor Information
Description of Work P/k	
Markaria I Cartantaria Campany Nama	Telephone
Mechanical Contractor's Company Name	relepitorie
Address	Email Address
Address	Email Addiess
License #	
	actor Information
Description of Work	# Baths
,	
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License #	reater Information
insulation Contr	ractor Information
Insulation Contractor's Company Name & Address	Telephone
insulation contractor's company Marile & Address	reiepriorie

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

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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.

Signature of Owner/Contractor/Officer(s) of Corporation	01/06/23
Signature of Owner/Contractor/Officer(s) of Corporation	Date

	Affidavit for Worker's Compensation N.C.G.S. 87-14 ed applicant being the:
Gene	ral Contractor Owner Officer/Agent of the Contractor or Owner
Do hereby con set forth in the	firm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work permit:
Has thr	ee (3) or more employees and has obtained workers' compensation insurance to cover them.
Has on them.	e (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover
Has on covering them	e (1) or more subcontractors(s) who has their own policy of workers' compensation insurance selves.
Has no	more than two (2) employees and no subcontractors.
Department is to issuance of carrying out th	
Sign w/Title:_	WKVunconna owner Date: 01/06/23