

Application # BRES2302-0038

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546

e filled out work.

PO Box 65 Lillington, NC 2/546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* 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.

Application for Residential Building and Trades Permit

Owner's Name: Sherrie Carter Williams	Date: 03-01-2023
Site Address: 104 Homestead Lane, Angier, NC, 27501	Phone: 919-417-6144
Subdivision: THE HOMESTEAD	Lot: 6
Description of Proposed Work: ERECT PRE-ENGINEERED METAL BUILD	DING Total Job Cost: \$28,000
General Contractor Inform	nation
SUNWARD STEEL BUILDINGS	720-874-2584
Building Contractor's Company Name	Telephone
6800 E. HAMPDEN AVE, DENVER, CO 80224	INFO@SUNWARDSTEEL.COM
Address	Email Address
HEATED SQ FT GARAG	GE SQ FT 1260
License #	16
Electrical Contractor Inform	
Description of Work SERVICE INSTALLATION Service	
MABRY'S ELECTRICAL SERVICE, INC Electrical Contractor's Company Name	919-639-4837 Telephone
731 MABRY RD, ANGIER, NC 27501 Address	CONTACT@MABRYELECTRICAL.COM Email Address
	Email Address
U.15077 License #	
Mechanical/HVAC Contractor I	nformation
Description of Work	
Mechanical Contractor's Company Name	Telephone
Mechanical Contractor's Company Name	relephone
Address	Email Address
	Zinaii / Idai ooo
License #	
Plumbing Contractor Information	<u>mation</u>
Description of Work	# Baths
- Comment Production of the Comment	
Plumbing Contractor's Company Name	Telephone
, , , , , , , , , , , , , , , , , , , ,	
Address	Email Address
License #	
Insulation Contractor Infor	mation
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 bysigning 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.

Sherris C Williams Signature of Owner/Contractor/Officer(s) of Corporation O3-01-2023 Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
General ContractorX 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.	
X 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: Sherrie C Williams Date: 03-01-2023	