

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

Applica \_\_\_\_\_

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 2756
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

## Application for Residential Building and Trades Permit

Owner's Name: KENNETH PORE		Date 9/1/202
Sile Address: 394/ ROSSER PITTMAN Ros.	Phone	919.356.2866
Subdivision ~ /A	Lot	NIA
Description of Proposed Work: AG POLE BARN		
Kenneth Pope Landowner Building Contractor's Company Name	Telephone	
Address	Email Address	
HEATED SQ FT V GARAGE SC	1500	
License #		
Description of Work Service Size:	Amps T-P	ole:YesNo
Electrical Contractor's Company Name	Telephone	
Address	Email Address	
License #		
Description of vvon	ation	
Mechanical Contractor's Company Name	Telephone	
Address	Email Address	
License #		
Plumbing Contractor Information		
Description of Work	# Baths	
Plumbing Contractor's Company Name	Telephone	
Address	Email Address	
License #	-	<u> </u>
insulation Contractor's Company Name & Address	Telephone	

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



I hereby ce tify 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, Plumping and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the applications 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 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 affidavit for Worker's Compensation N.C.G.S. 87-14 anders and 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 men Has bne (1) or more subcontractors(s) who has their own policy of workers' compensation insurance savering 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 price to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work. Date: 9-1-2023 Sign w/Title