

* 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.

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

Application for Residential Building and Trades Permit

Owner's Name: Michele L Valle Date: 4/18/23
Site Address: 367 Hunting Wood Drive Phone: 919 592 2413
Subdivision: Quails Glen Lot: _____
Description of Proposed Work: Deck in back Total Job Cost: 7K

General Contractor Information

JV Landscaping LLC Telephone: 919 672 2230
Building Contractor's Company Name: Juan Santos Vega
Address: 45 Viola Ln Angier Email Address: _____
State ID: 2173890 HEATED SQ FT: / GARAGE SQ FT: /
License #: _____

Electrical Contractor Information

Description of Work: Deck for back yard Service Size: / Amps T-Pole: / Yes / No
Electrical Contractor's Company Name: _____ Telephone: _____
Address: _____ Email Address: _____
License #: _____

Mechanical/HVAC Contractor Information

Description of Work: _____
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 #: _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address: _____ Telephone: _____

Mechanical codes, and the Harnett County Zoning Ordinance. I state the 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.

Michele L Valle
Signature of Owner/Contractor/Officer(s) of Corporation

4/26/23
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:

N/A Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

N/A Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

N/A Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

N/A 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.

contractor will be working sol

Sign w/Title: Michele L Valle

Date: 4/26/23