

Application #

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
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

Application for Residential Building and Trades Permit

nation on license.	1	1- 6.00		011-17-2
Owner's Name:	Luciano Gones	112 - Crespo		Date: OY-11-
Site Address: 130	Clave Hournd Druc		Phone:	6-18-431-33
Subdivision: Ha	word farms		Lot:	#6
Description of Propos	ed Work: RV corport in	stellation	_ Total Job Cost:	1/ 7,200.00
Coolne (General Co Company Name 1rm, VA 22835	entractor Information	(100) 488 ·	-6903
Building Contractor's	Company Name		Telephone	
DU BOX COL.	iran NA 22835	Weisse	alans factory	ortlet.wn
Address	, , , , , ,		Email Address	
	HEATED SO FT	GARAGE SQ	FT	
License #	The state of the s			
	RU Corport installation report open all sides company Name	ontractor Information	1 Amos T.P	ole: Yes No
Description of Work _	no corport instellation	Service Size	Allips 1-P	ole1cs1to
Dew Metal Con	port open all sides		Talenhana	-
Electrical Contractor	Company Name		relephone	
		/	Email Address	
Address			2	
License #				
License #	Mechanical/HV/	AC Contractor Inform	ation	
Description of Work				
Description of trem_			1	
Mechanical Contracto	or's Company Name		Telephone	
100.000.000				
Address			Email Address	
License #	_ /			
	Plumbing C	ontractor Informatio		
Description of Work			_# Baths	
Plumbing Contractor	s Company Name		Telephone	
	/			
Address			Email Address	
License #	91 91 94 19			
	Insulation C	Contractor Informatio	<u></u>	
			Telephone	
Insulation Contractor	s Company Name & Addres	S	relephone	
NOTE: Genera	Contractor / owner must	fill out and sign the s	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.

08/17/23

Signalure of Owner/Contractor/Officer(s) of Corporation 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
Sign w/Title: Date: 4/20/2023

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Commendation for