

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

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Owner's Name: Richard Lee Hite	,	Date: 067-4-2023
Site Address: 222 Lansence T.d. Broadway	Cs Phone:	919-352-2609
Subdivision:	Lot:	
Description of Proposed Work: bedroom addition	_ Total Job Cost:	190,000.00
General Contractor Information		
Richard Lee Hite	919-352	-2609
Building Contractor's Company Name	Telephone	000@ Hotmail. com
	Richie.	000 @ Hotman - Co
Address	Email Address	
License # HEATED SQ FT GARAGE SC	FI	
Description of Work Service Size: _	<u>n</u>	
Wicker electric		0900
Electrical Contractor's Company Name	Telephone	
Sarford N.C.	Email Address	
Address	Email Address	
License #		
Mechanical/HVAC Contractor Inform	ation	
Description of Work Richad Hite		
	919-352. Telephone	-2609
Mechanical Contractor's Company Name	Telephone	0
Address	Email Address	3
License #		
Plumbing Contractor Informatio	19	
Description of Work	_# Baths	
- None	Telephone	
Plumbing Contractor's Company Name	relephone	
Address	Email Address	_
Address	Email	
License #		
Insulation Contractor Information	<u>on</u>	, 1117 (/
Insulation INC	919-77	6-4138
Insulation Contractor's Company Name & Address	Telephone	
Librase # 86305		

*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 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

Oct-9-20203

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 carrying out the work. Sign w/Title: Date: Date:
Sign w/Title: Purel Loc 19 WD Date: OCT-7-2009