

Application # _____

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

* 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: Amanda McKenzie	DateDate
Site Address: 3366 Carolina Way Sanford NC 27332	Phone 919-902-8578
Subdivision: Blk#R Carolina Lksph#6	Lot 459
Description of Proposed Work: <u>12×16 deck</u>	
General Contractor Informa	ation
KW Quality Trades Inc.	919-901-4085
Building Contractor's Company Name	Telephone
47 Stone Bank Circle Selma NC 27576	<u>kwqualitytrades@gmail.co</u> m
Address	Email Address
	ESQFT192 sq ft unheated
License # Electrical Contractor Inform	ation
	ize:Amps T-Pole:YesNo
Electrical Contractor's Company Name	Telephone
Address	Email Address
	Email Address
License #	
Mechanical/HVAC Contractor Inf	
	formation
<u>Mechanical/HVAC Contractor Inf</u> Description of Work <u>n/α</u>	formation
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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.

4-13-2023

KW Quality Trades Inc. Signature of Owner/Contractor/Officer(s) of Corporation

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
X 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.
$\mathbf{X}_{\text{covering themselves.}}$ Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance
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: XW Quality Trades Inc. Kimberly Woodall Date: 4-13-2032