SH

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

Application for Residential Building and Trades Permit

Print To	Date 7/14/73	
Owner's Name: Lone & William Koherts Site Address: Ill Riviera Lance Santur	W NC Phone 919-770	
Subdivision: Caroline Lakes	Lot	
Description of Proposed Work: INStale 16 x 35 pour	Total Job Cost 499 7760	
General Contractor Informatio		
Parnell Pool & For		
Parnell Pool & The Building Contractor's Company Name	910 -738-8110 Telephone	
1380 Linkhaw Ra dunkertow, NC	mhardenan	,
Address	Email Address Spare Cos	Die Au
License # HEATED SQ FT GARAGE S	Q FT	
Electrical Contractor Information	<u>on</u>	
Description of Work Pool Install Service Size:	Amps T-Pole:YesNo	
Electrical Contractor's Company Name	910-139-4818 Telephone	
1500 N serect St Jumberton NZ	relephone	
Address	Email Address	
25451-1	Jue Watobree	
License # Mechanical/HVAC Contractor Inform		
Mechanical/HVAC Contractor Inform		
	ation	
Description of Work	ation	
Description of Work		
	Telephone	
Description of Work		
Description of Work	Telephone	
Mechanical Contractor's Company Name Address License #	Telephone Email Address	
Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information	Telephone Email Address	
Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information	Telephone Email Address	
Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Description of Work	Telephone Email Address # Baths	
Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information	Telephone Email Address	
Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Description of Work	Telephone Email Address # Baths Telephone	
Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Description of Work Plumbing Contractor's Company Name Address	Telephone Email Address # Baths	
Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Description of Work Plumbing Contractor's Company Name Address License #	Telephone Email Address # Baths Telephone Email Address	
Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Description of Work Plumbing Contractor's Company Name Address	Telephone Email Address # Baths Telephone Email Address	
Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Description of Work Plumbing Contractor's Company Name Address License # Insulation Contractor Information	Telephone Email Address # Baths Telephone Email Address	3

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

strong roots · new growth



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.

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

a

0

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 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.

strong roots · new growth