

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 Fex 910-893-2793 www.harnett.org/permits

ctor. Address, company & phone must match ation on license.	Application for Residential Building and Tr	0 01 1.1-
Owner's Name:	Yaula H. and Oregory H.C	rawford Date: 8/16/23
Site Address: 75 /	Wheeler Dr. Angier, NC 27.	50/ Phone: (9/4) 749-8)]]
Ododitioion	s Creek Farms Corlaina	( SD) Lot: 72-A # 35
Description of Proposed		Total Job Cost: approx #35,000
111	Stickeneral Contractor Information	( )
Vaula ( May	tord	
Building Contractor's Co	ompany Name	Telephone  03 reddo i @ gmail. Con
		B3reddoi Egmail Com
Address	2/1	Email Address
	HEATED SQ FT 360 GARAGE SC	DIFI
License #	Electrical Contractor Informatio	n existina
Description of Work W	All ovilets ceiling fan Service Size:	Amps T-Pole:YesNo
Vauly Cras	Itad "	(919) 749-8111 (OWNER)
Electrical Contractor's C	company Name	Telephone
Address		Email Address
Description of Work	Mechanical/HVAC Contractor Inform	Telephone
Mechanical Contractor's  Address	Company Name	Email Address
S CONTROL SAME		
License #	Plumbing Contractor Information	$_{n}$ $N/A$
Description of Work		_# Baths
Plumbing Contractor's Company Name		Telephone
Address		Email Address
License#  Aug Aug  Insulation Contractor's Co	Insulation Contractor Information	(919) 749 - 8111 (ourer)

NOTE: General Contractor / owner must fill out and sign the 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.

Signature of Owner/Contractor/Officer(s) of Corporation

8/16/23

Destranfod		
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: Paul Salu Tosa Date: 8/16/23		