

* 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

Owner's Name: Sara P Cortes / Alliance Ventures NC LLC Date 09/12/2023		
Site Address: 359 HERITAGE WAY CAMERON NC 28326	Phone 919-586-5664	
Subdivision: HERTAGE VILLAGE	Lot <u>B-24</u>	
Description of Proposed Work: INTERIOR RENOVATION	Total Job Cost \$26,000	
General Contractor Information		
SARA P CORTES		
Building Contractor's Company Name	Telephone	
108 WESTCOTT CT HOLLY SPRINGS NC 27540	allianceventuresnc@gmail.com	
Address	Email Address	
HEATED SQ FT 1336 GARAGE SC	FT_n/a_	
License #		
Electrical Contractor Information		
Description of Work _{replace meterbox, interior panel break and rew} i&ervice Size: _CERNA ELECTRIC LLC	Amps T-Pole:Yes <u>X_</u> No 919-888-2495	
Electrical Contractor's Company Name	Telephone	
Electrical Contractor's Company Name 2205 Wimberly Woods Dr Sanford NC 27330	cernaelectricnc@gmail.com	
Address	Email Address	
U.32868		
License #		
Mechanical/HVAC Contractor Information		
Description of Worknew duct work, dryer vent, range hood, 2.5 tons heat		
FLUETTE HEATING AND AIR	336-516-8872	
Mechanical Contractor's Company Name 1771 E Webb Ave Burlington NC 27217	Telephone	
1//1 E Webb Ave Burlington NC 2/21/		
	sfluette@bellsouth.net	
Address	sfluette@bellsouth.net Email Address	
Address 29229		
29229 License #	Email Address	
29229 License # Plumbing Contractor Information	Email Address	
29229 License # Plumbing Contractor Information Description of Workreplace water and sewer lines, install bathroom/kitchen fixt	Email Address 1 U#PBaths 2.5	
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*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.

Sara Cortes	9/12/2023
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Comp The undersigned applicant being the:	pensation N.C.G.S. 87-14
General Contractor Owner	Officer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the perset forth in the permit:	son(s), firm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtained	d workers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has ob them.	tained workers' compensation insurance to cover
_x Has one (1) or more subcontractors(s) who has the covering themselves.	eir own policy of workers' compensation insurance
x_ Has no more than two (2) employees and no subc	ontractors.
While working on the project for which this permit is soug Department issuing the permit may require certificates of to issuance of the permit and at any time during the permit carrying out the work.	coverage of worker's compensation insurance prior itted work from any person, firm or corporation
Sign w/Title: Sara Cortes	Date:9/12/2023