

Application # _____

Must be owner/occupier or icensed contractor. Address, company name & phone must natch information on license.

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:	ngela Elliott	Date 10-2-23
Site Address: 54	6 NC 55 W	Phone (910) 814 - 755
Subdivision: N	/A	Lot
Description of Propose	ed Work: Inground pool 16 x 36 600 35 ff convicts peck General Contractor Informati	Total Job Cost
	General Contractor Informati	άñ
Grant Bay	Pools	1785 433-3635
Building Contractor's Company Name		Telephone
194 Federal	Rd. Exd Benson NC 27504	Telephone austin @ Parrot bay goods no son Email Address
49990	HEATED SQ FT	
License #		
D	Electrical Contractor Informat	
Description of Work 1	Took UP Electrial to pump Service Size	
Electrical Contractor's	Company Name	(910) 316-7813 Telephone
	- Rd Hope Mills NC 28343	Telephóne <u>SCruboak 1158@gms.lecom</u> Email Address
Address	in and a second	Email Address
12233	_	
License #	Mechanical/HVAC Contractor Info	rmation
		- Indian
Description of Work _	10/4	
Mechanical Contracto	r's Company Name	Telephone
Wedianical Contracto	18 company reme	
Address		Email Address
License #	-	
	Plumbing Contractor Informa	
Description of Work Z	U/A	# Baths
	,	
Plumbing Contractor's	Company Name	Telephone
		5
Address		Email Address
Liganos #	- Anna Carlotta	
License #	Insulation Contractor Informa	itlon
NA	47.03	
/ - / /	s Company Name & Address	Telephone

*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

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: Kins Note: 10-2-23

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