

Application # ______
Harnett County Central Permitting

* Must be owner/occupier or licensed contractor. Address, company name & phone must metch information on license. 420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.hernett.org/permits

Application for Residential Building and Trades Permit

'AA.	10127
Owner's Name: Maureen Fisher	Date 10125123
Site Address: 119 SUSIE CIV Cameron NC. 28.	326 Phone 570 789 0537
Subdivision: SPAVIAN RidAC	Lot _H
Description of Proposed Work: 30'x30' Mctal buil	ding Total Job Cost \$13,108
Building venclor General Contractor Informa	£ .
Scotland Buildings & Carpots	910-361-4688
Building Contractor's Company Name	Telephone
1610 US HWY 15-401 Bypass Laurinber	g stevenscotlandbagmail.com
Address NC 2835	Email Address
NA HEATED SQ FT NA GARAGE	E SQ FT_TOO
	ation
Description of Work Atta adding 100 appparel Service Si	ze: 100_Amps T-Pole:YesNo
Dura Electric CCC	110 411 3410
PDBOX 64333, Fayettenile NC 28306	Sherou hu Gardelectrice armal
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Address	
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License # Description of Work NA Mechanical/HVAC Contractor Info Mechanical Contractor's Company Name	Telephone
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License # Description of Work NA Mechanical/HVAC Contractor Inf Mechanical Contractor's Company Name Address License #	Telephone Email Address
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License # Description of Work NA Mechanical/HVAC Contractor Inf Mechanical Contractor's Company Name Address License # Plumbing Contractor Informs	Telephone Email Address
License # Mechanical/HVAC Contractor Inf Description of Work NA Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Plumbing Contractor's Company Name	Telephone Email Address atlon # Baths
License # Description of Work NA Mechanical/HVAC Contractor Info Mechanical Contractor's Company Name Address License # Plumbing Contractor Informs Description of Work NA	Telephone Email Address atlon # Baths Telephone
License # Mechanical/HVAC Contractor Inf Description of Work NA Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Plumbing Contractor's Company Name Address License #	Telephone Email Address atlon # Baths Telephone Email Address
License # Mechanical/HVAC Contractor Inf Description of Work NA Mechanical Contractor's Company Name License # Plumbing Contractor Information Plumbing Contractor's Company Name Address Address	Telephone Email Address atlon # Baths Telephone Email Address
License # Mechanical/HVAC Contractor Inf Description of Work NA Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Plumbing Contractor's Company Name Address License #	Telephone Email Address atlon # Baths Telephone Email Address

*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 Hamett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that by sloning 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 Hamett 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 8 per current fee schedule.

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

10125 23

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
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: