

Application # _____

* Must be owner/occupier or licensed contractor. Address, company name & phone must match 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: Kemeth + Leslie Barnhows e	Date 12-6-23
Site Address: 169 Vanstone Daive	
Subdivision:	Lot
Description of Proposed Work: Convert Euroge to inhan	15 JT Atel Joh Cost 179 450 00
- Change existing BR to off General Contractor Information	
Davidson Home Cenfers, INC	919-422-5941
Building Contractor's Company Name	Telephone
208 E Northington St, Lillington NC 27546 Address	davide day I son hom ecroffees (i)
Address	Email Address
055627 HEATED SQ FT 545 GARAGE	SQFT
icense #	
Description of Work Add Circuits needed Ser Service Size: 200 Amps T-Pole: Yes X No	
BP Electric Addition	919-858-9097
Electrical Contractor's Company Name	Telephone
7726 Chapel Hill Rd Rollingh NC2760	7 B8000 bellSouth.net
Address	Email Address
2266/-SP-SFD	Section of the contract of the
License # Mechanical/HVAC Contractor Info	ormation
Description of Work All fletass DV WIA Soco CO	
Stephenson Heading + AIR Mechanical Contractor's Company Name 3+3 Shiphash DR burner, 14:27529 Address 18644 H3-1	914-329 1/01
Mechanical Contractor's Company Name	Telephone
343 ShiDuash DR Guence Nr 27525	& Stephenson hunca Apl. Con-
Address	Email Address
18644 H3-1	off Made The Street and Streets in
License # Plumbing Contractor Information	
Description of Work New	1 5
Canden's Plumbing + Pepuin	# Baths 1.5 919 -53 7-15.84
Plumbing Contractor's Company Name	919 -53 7 - 15.84 Telephone
P.O.Box 1359 F-V NIC 27526	Cam den & Plumbing Regol. Com
Address	Email Address
18903	
License #	
insulation Contractor Informa	<u>ltion</u>
Insulation Contractor's Company Name & Address	Telephone
	,
*NOTE: Comment On the transfer of the transfer	

*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.

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: Officer/Agent of the Contractor or Owner General Contractor 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: ee (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