	NORTH CARO	Application #
st be owner/occupier or sed contractor. Address, aany name & phone must h Information on license.	Harnett County Central Pe 420 McKinney Pkwy Lillington, N PO Box 65 Lillington, NC 2 910-893-7525 ext. 1 Fax 910-893-2793 ww	ermitting NC 27546 7546
	Application for Residential Building	
Owner's Name: <u>Ave</u> Site Address: <u>19</u> 2	ely Jaco 3 Long meadow Lane Rg	Date 12/15 23 Date 12/15 23 Da
Subdivision: Lafa	yette meadows mapt	2021-1460 Lot 17
Description of Propose	ed Work: Shed 12K14	Total Job Cost 1000.00
Urban Bag	General Contractor Infor	mation
	Company Name t, Philadelphia PA 19107	Telephone support@urban-bag.us Email Address
Address	HEATED SQ FT GAR	
License #	Electrical Contractor Info	rmation
Description of Work _	Service	e Size:Amps T-Pole:YesNo
Electrical Contractor's	Company Name	Telephone
Address		Email Address
License #	Mechanical/HVAC Contractor	Information
Description of Work		
Mechanical Contractor's Company Name		Telephone
Mechanical Contractor	o company mana	
Mechanical Contractor Address		Email Address
	_	
Address License #	Plumbing Contractor Info	ormation
Address License #	_	ermation # Baths
Address License #	Plumbing Contractor Info	ormation
Address License # Description of Work	Plumbing Contractor Info	ermation # Baths
Address License # Description of Work _ Plumbing Contractor's	Plumbing Contractor Info	rmation # Baths Telephone Email Address
Address License # Description of Work _ Plumbing Contractor's Address License #	Plumbing Contractor Info	rmation # Baths Telephone Email Address

	certify that I have the authority to make necessary application, that the application is correct
and that Mechanic	the construction will conform to the regulations in the Building, Electrical, Plumbing and al codes, and the Harnett County Zoning Ordinance. I state the information on the above
contracto	rs is correct as known to me and that by signing below I have obtained all subcontractors
number o	on to obtain these permits and if any changes occur including listed contractors, site plan, f bedrooms, building and trade plans, Environmental Health permit changes or proposed use
changes, any and a	I certify it is my responsibility to notify the Harnett County Central Permitting Department of Il changes.
EXPIRED	PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee current fee schedule.
is as per	
	12/25/23
Signature	of Owner/Contractor/Officer(s) of Corporation Date
	Affidavit for Worker's Compensation N.C.G.S. 87-14
	rsigned applicant being the:
(General Contractor Owner Officer/Agent of the Contractor or Owner
Do hereb	y confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work
set forth i	n the permit:
Ha	is three (3) or more employees and has obtained workers' compensation insurance to cover them.
	s one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover
them.	
	is one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance themselves.
Ha	is no more than two (2) employees and no subcontractors.
	rking on the project for which this permit is sought it is understood that the Central Permitting ent issuing the permit may require certificates of coverage of worker's compensation insurance prior
to issuance	ce of the permit and at any time during the permitted work from any person, firm or corporation
	Date: 22 25 23
	Date: 0 23