

Application # _____

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

tion on license.		12/22/2
Owner's Name:	James Vuclormick	Date: 12/23/23
Site Address: 890	Mann Rd Coats 1	Phone: 737-473-6
Subdivision:		Lot:
Description of Propos	ed Work: Assemble BARN	Total Job Cost: 2000
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Cardina CA	RPOMS INC	Telephone Cci O Crestin Carrett. Con Email Address
Building Contractor's	Company Name	Telephone
187 CM	dinal Ridge T/AL Doscon	VC (Ci@CARoling CARport, Com
Address	•	Email Address
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License #	Electrical Contractor Info	ormation
Description of Work	Service	e Size:Amps T-Pole:YesNo
Electrical Contractor's	Company Name	Telephone
Address		Email Address
License #		. Lufa mastic a
	Mechanical/HVAC Contractor	
Description of Work _		
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Mechanical Contracto	or's Company Name	relephone
Address		Email Address
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Licerioe "	Plumbing Contractor Info	ormation
Description of Work		# Baths
Plumbing Contractor	s Company Name	Telephone
Address		Email Address
License #	Insulation Contractor Inf	formation
	madation contractor in	
Insulation Contractor	's Company Name & Address	Telephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/03/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

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Lillington NC 27546 Jima R. Alphonson	AUTHORIZED REPRESENTATIVE									
	Lillington		NC 27546			Simo	B. Dohnson			



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

1 3 Q4 Date

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 telles Valent - Revmt Specialist Date 1/3/2024