

Application # \_\_\_\_\_

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

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

## Application for Residential Building and Trades Permit

	1	
Owner's Name:	Helen Knick Poole	Date 2/24/24  Phone 9/9-272-5749  Lot Combined UTS: 46(1/2)47,45
	86 Vic Keith Ro Some	Phone 9/9-272-5749
Subdivision:	Buffalo Lakes	Lot Combined UTS: 46(1/2)47,48
Description of Propose	d Work: <u>ganage, Lemedel</u>	Lot Combined CTs: 46(1/2)47,49
1	General Contractor Info	
Kanner Di	wilders incompany Name	919-639-2011
Building Contractor's C	Company Name	Telephone
Address	St., angier NC 27501	Telephone  [Annor Daniders und & grant. Com Email Address
40079	LIEATED OOFT	Process 2.24-17
License #	HEATED SQ FT GAF	AGE SQ FILADITO
D	Electrical Contractor Inf	ce Size: 200 Amps T-Pole:Yes 1 No
May had Flica	GOVER LOS SERVICES	e Size: <u>AUU</u> Amps 1-Pole:Yes <u>V</u> No
Electrical Contractor's	Company Name	Telephone
131 Mason	RO, Ang is , NC 27501	relephone
Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Email Address
15077-6	_	
License #	Mechanical/HVAC Contracto	r Information
Description of Work		T mormation
Description of Work		
Mechanical Contractor	's Company Name	Telephone
Address		Email Address
1.1	_	
License #	Plumbing Contractor Inf	ormation
Description of Work		# Baths
Plumbing Contractor's	Company Name	Telephone
Address		Email Address
License #	_	
E1001100 IF	Insulation Contractor Inf	ormation
Insulation Contractor's Company Name & Address		Telephone

\*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 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 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 et any time during the permitted work from any person, firm or corporation carrying out the work.  Sign w/Title:  Date: 2/24/24			