



Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Etta Green Date: July 1-2024

Site Address: 1712 Hayes Rd - Springlake Phone: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: Renovate Drywall Total Job Cost: \$20,000

General Contractor Information

Building Contractor's Company Name: Rojas Construction / Ulyses Rojas Telephone: (910) 635-8402

Address: 2416 W Brinkley Drive, Springlake Email Address: Ulyses@123@gmail.com

License #: 78976 HEATED SQ FT: 850 GARAGE SQ FT: 0

Electrical Contractor Information

Description of Work: Repair / RENOVATE Service Size: 150 Amps T-Pole: Yes No

Electrical Contractor's Company Name: (Owner) Etta Green Telephone: (910) 551-6029

Address: 1712 Hayes Rd - Springlake NC Email Address: Green.Etta@aphoo.com

License #: (owner)

Mechanical/HVAC Contractor Information

Description of Work: (Owner) Etta Green Telephone: (910) 551-6029

Mechanical Contractor's Company Name: _____ Address: 1712 Hayes Rd - Springlake NC 28390 Email Address: Green.Etta@aphoo.com

License #: _____

Plumbing Contractor Information

Description of Work: Repairs # Baths: 1

Plumbing Contractor's Company Name: Affordable Plumbing - Eddie Telephone: 910 213 7319

Address: _____ Email Address: _____

License #: 17435

Insulation Contractor Information

Insulation Contractor's Company Name & Address: Rojas Construction Telephone: (910) 635-8402

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

→ Has paid for permit. 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.

Walter Dean
Signature of Owner/Contractor/Officer(s) of Corporation

7-2-2024
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: Walter Dean Contractor

Date: July 2-2024