| Must be ownerloccupier or    |  |
|------------------------------|--|
| licensed contractor. Address |  |
| company name & phone mus     |  |
| match Information on license |  |

Harnett County Central Permitting 420 McKinney Pkwy Lillington, NC 27546 PO Box 65 Lillington, NC 27546

Application #

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

## Application for Residential Building and Trades Permit

| Owner's Name: Moss Ying Ing                   | Date 7-15  |
|---|--|
| Site Address: 125 old corre 1 Auc             | Phone 70-965-6309  |
| Subdivision: Persianess Hill                  | Lot  |
| Description of Proposed Work: Trans Paul      | Total Job Cost _/0/962 . 18  |
| General Contractor Informat                   |  |
| Back Yord lessure                             | 96-625-7612  |
| Building Contractor's Company Name            | Telephone  |
| Address                                       | Telephone  Sunth backyord lake 679 m  Email Address  |
| 73 790 HEATED SQ FT GARAGE                    | SQFT   |
| Flectrical Contractor Informa                 | ation  |
| Description of Work White Service Siz         | re:Amps T-Pole:YesNo   |
| Electrical Contractor's Company Name          | 974 -200 - 7489<br>Telephone   |
| Electrical Contractor's Company Name          | Telephone  |
| 4724 Horgan LJ STF 1972 Address               | Email Address  |
| 25 / 18/-/                                    | Ellidi Addioss   |
| License #                                     |  |
| Mechanical/HVAC Contractor Inf                | formation  |
| Description of Work                           | and the second s |
|   |  |
| Mechanical Contractor's Company Name          | Telephone  |
| Address                                       | Email Address  |
| Address                                       |  |
| License #                                     |  |
| Plumbing Contractor Inform                    | <u>nation</u>  |
| Description of Work                           | # Baths  |
|   |  |
| Plumbing Contractor's Company Name            | Telephone  |
|   |  |
| Address                                       | Email Address  |
|   |  |
| License # Insulation Contractor Info          | rmation  |
| insulation Contractor into                    | manon  |
| noulation Contractor Company Name 9 Address   | Talanhana  |
| nsulation Contractor's Company Name & Address | Telephone  |
|   |  |

\*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:   |
|---|
| 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: Date: 7-15.Ly   |