

Application # _____

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

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

Application for Residential Building and Trades Permit Owner's Name: _ Arguer Phone 9195 Site Address: The Foot Subdivision: _. Description of Proposed Work: we will be raising the roof to Total Job Cost General Contractor Information 919669 9462 Shawn@Sjof Raleigh.com Email Address Building Contractor's Company Name Address Bundlevel 12 28-32-3 GARAGE SQ FT 22271 HEATED SQ FT License # Terrunce morgan Terrence Troub Flectiz. Com Electrical Contractor's Company Name Email Address Address 1865 License # Mechanical/HVAC Contractor Information Description of Work Telephone Mechanical Contractor's Company Name Email Address Address License # Plumbing Contractor Information # Baths___ Description of Work. Telephone Plumbing Contractor's Company Name Email Address Address License # Insulation Contractor Information Valencia insulation. Telephone Insulation Contractor's Company Name & Address)
224 Coriander Ln Clayton NC 27527

*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 Hamett 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 Hamett 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 The undersigned applicant being	for Worker's (the:	Compensation N.C.G.S. 87-14
General Contractor	Owner	Officer/Agent of the Contractor or Owner
Do hereby confirm under penaltie set forth in the permit:	s of perjury that th	ne person(s), firm(s) or corporation(s) performing the work
Has three (3) or more emp	oloyees and has of	btained workers' compensation insurance to cover them.
Has one (1) or more subconthem.	ontractors(s) and h	nas obtained workers' compensation insurance to cover
Has one (1) or more subconvering themselves.	ontractors(s) who l	has their own policy of workers' compensation insurance
Has no more than two (2)	employees and no	o subcontractors.
Department issuing the permit m	ay require certifica	s sought it is understood that the Central Permitting ates of coverage of worker's compensation insurance prior permitted work from any person, firm or corporation Date:
Sign w/Title:		