

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

	phone must match	Application for Residential Ballang and 11	addo i diiiit	
information	on on license.	77 /		
		then Thornton	Date: 9-18-202	
		This Bryant RD Dum NO	C 2854 Phone: 9/9 207 707	
	0 00 0111010111	No '	Lot:	
	Description of Propose	d Work: Add Lambry room & screen	Total Job Cost: \$35,000	
	0 4	General Contractor Information	1 0	
	Pro Craft	Homes INC	919 868 4461	
	Building Contractor's C	Company Name	Telephone	
	Address	ne Way Raleigh NC 2760	Email Address	
	51393	HEATED SQ FT 194 GARAGE SO	D ET	
	License #	_		
	Description of Work Adding Lights Good Rec. Service Size:Amps T-Pole:YesNo			
			919 625-0180	
	Electrical Contractor's	Company Name	Telephone	
Amped Electric LLC 510 Denning Rd Berson Email Address				
1714	Address	2750406	- Email Address	
	30129-1	_		
	License # Mechanical/HVAC Contractor Information			
	11:			
Description of Work adding vents for new language 100 M				
	and HALL	smy Beasley's heating & Air	7/3 894 4248	
	Mechanical Contractor		Telephone	
	Address	easley Lone Coats NC	Email Address	
	9497	,		
	License # Plumbing Contractor Information			
	Description of Work	// / / / / / / / / / / / / / / / / / / /	_# Baths	
		grolism Services It	919820-1434 Telephone	
	Plumbing Contractor's A		Telephone	
	Address	R Person NC 1509	Email Address	
	P1 34260	_		
License #				
Frends Tassighow, LLC 2001 Blant Gree 919-291-2438				
Insulation Contractor's Company Name & Address Contractor's Company Name & Address Contractor's Company Name & Address				
) - 7 - 70				



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 durrent fee schedule.

Pholan 1. (Da) 9-23-24			
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 at any fine during the permitted work from any person, firm or corporation			
carrying out the work: San Preside 1 9 23 74			