

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

Owner's Name: Amit K Nepal	Date _10/11/2024
Site Address: 231 Blue Aspen DR	
	Lot <u>58</u>
Description of Proposed Work: Screened in Deck in Sloped Bac	ckyard _{Total Job Cost} \$10,000.00
General Contractor Informa	
Amit K Nepal / Owner	4802083788
Building Contractor's Company Name	Telephone
231 Blue Aspen DR	amitnepal@live.com
Address	Email Address
HEATED SQ FT GARAG	E SQ FT
License # Electrical Contractor Inform	ation
Description of Work Service Si	ize: Amps T-Pole: Yes No
	·
Electrical Contractor's Company Name	Telephone
Address	Email Address
License #	
Mechanical/HVAC Contractor Inf	formation
Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License #	ation
Plumbing Contractor Inform	
Description of Work	# Baths
Plumbing Contractor's Company Name	Tolophono
Plumbing Contractor's Company Name	Telephone
Address	Email Address
	2.114.17.184.000
License #	
Insulation Contractor Inform	nation
Inculation Contractor's Company Name & Address	Telephone
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.

10/11/2024

Amit Nepal 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 V 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.
$\underline{\checkmark}$ 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: Amit Mepal Date: 10/11/2024