

Application #

\* Must be owner/occupier or licensed 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: Lange Havgerty   | Date 10.31-  |
|--|--|
| Site Address: 15 Nettio Wilover all, Au                                    | We NC1 24501 Phone 9/9-201-36                                  |
| Subdivision:   | N/A Lot  |
| Description of Proposed Work: Shed Permi                                   | Total Job Cost 5000, 0   |
|  | ctor Information   |
| All HELDEY Barbonson C   | TH Rento15,11C. 455-642-2                                      |
| Building Contractor's Company Name   | Telephone  |
| Address 5.41.5   | Email Address  |
| HEATED SQ FT   | GARAGE SQ FT 700 10 x 20'                                      |
| License #  | Millell delight chamber dals and sensitivities as a            |
| Description of Work Hook at Electrical Contra                              | actor Information<br>✓ Service Size: (OC) Amps T-Pole: Yes XNo |
| Description of Work Hook at electric power to sheet Stan Field Flectric Se | 7  |
| Electrical Contractor's Company Name                                       | Telephone  |
| 15 Burchtield CX, Couts, 27  | 521 Stantieldelectureservice                                   |
| Address 739  | Email Address  |
| License #  |  |
| Mechanical/HVAC Co   | ontractor Information  |
| Description of Work  |  |
| Mechanical Contractor's Company Name                                       | Telephone  |
| Medianical Contractor & Company Name                                       | relephone  |
| Address  | Email Address  |
|  |  |
| License # Plumbing Contra  | actor Information  |
| Description of Work  | # Baths  |
|  |  |
| Plumbing Contractor's Company Name   | Telephone  |
|  |  |
| Address  | Email Address  |
| License #  |  |
|  | actor Information  |
|  |  |
| Inculation 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.

Signature of Owner/Contractor Officer(s) of Corporation

Date 10.31-20

| Affiday The undersigned applicant being     | rit for Worker's Compe<br>ng the: | nsation N.C.G.S. 87-14   |
|---|-----------------------------------|--|
| General Contractor                          | OwnerOf                           | ficer/Agent of the Contractor or Owner   |
|   |                                   | (s), firm(s) or corporation(s) performing the work   |
| Has three (3) or more en                    | nployees and has obtained w       | orkers' compensation insurance to cover them.  |
| Has one (1) or more subthem.                | contractors(s) and has obtain     | ed workers' compensation insurance to cover  |
| Has one (1) or more subcovering themselves. | contractors(s) who has their o    | own policy of workers' compensation insurance  |
| Has no more than two (2)                    | employees and no subcontr         | actors.  |
| repartment issuing the permit m             | ay require certificates of cov    | is understood that the Central Permitting erage of worker's compensation insurance prior work from any person, firm or corporation  Date: // 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |