

Application # Harnett County Central Permitting 420 McKinney Pkwy Lillington, NC 27546 ^{*} Must be owner/occupier or PO Box 65 Lillington, NC 27546 licensed contractor. Address, 910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits 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 Phone 480 208 3788 Site Address: 231 Blue Aspen DR Subdivision: Woodgrove _____Lot 58 Description of Proposed Work: Screened Porch Total Job Cost \$7000 **General Contractor Information** Amit K Nepal / Owner 4802083788 Building Contractor's Company Name Telephone 231 Blue Aspen DR amitnepal@live.com Address Email Address HEATED SQ FT GARAGE SQ FT License # **Electrical Contractor Information** Service Size: Description of Work _Amps T-Pole: __Yes __No Electrical Contractor's Company Name Telephone Address Email Address License # Mechanical/HVAC Contractor Information Description of Work _____ Mechanical Contractor's Company Name Telephone Address Email Address License # **Plumbing Contractor Information** Description of Work _____ # Baths Plumbing Contractor's Company Name Telephone Email Address Address License # **Insulation Contractor Information** 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 <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> 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.

Amit Nepal

11/21/2024

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.
$\underline{\checkmark}$ 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 Nepal Org. Date: 11/21/2024