



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.

Ursula A. Gifford
Signature of Owner/Contractor/Officer(s) of Corporation

March-12-25
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 time during the permitted work from any person, firm or corporation carrying out the work.

Sign w/Title: Ursula Gifford

Date: 3-12-25