

I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

-	
EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.0	 After 2 years re-issue fee is as per current fee schedule.
Distilie a Clar	5/9/25
Signature of Owner/Contractor/Officer 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	
Does hereby confirm under penalties of perjury that the person(s), firm permit:	(s) or corporation(s) performing the work set forth in the
Has 3 or more employees and has obtained workers' compensa	tion insurance to cover them,
Has 1 or more subcontractors and has obtained workers' compe	ensation insurance to cover them,
Has 1 or more subcontractors who has their own policy of worke	ers' compensation insurance covering themselves,
Has no more than 2 employees and no subcontractors,	
While working on the project for which this permit is sought and it is und the permit may require certificates of workers' compensation insurance but the work prior to issuance of the permit or at any time during the permit or at a	coverage from any person, firm, or corporation carrying
Disika 2 Polie	519/25
Signature of Owner/Contractor/Officer of Corporation	Date

Exp: 10/10/2029