

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

	igned applicant be	eing the:		on N.C.G.S. 87-14
Ge	eneral Contractor	Owner _	Officer/A	gent of the Contractor or Owner
Do hereby of set forth in t	confirm under per the permit:	alties of perjury that t	the person(s), fire	m(s) or corporation(s) performing the work
Has	three (3) or more	employees and has o	btained workers	compensation insurance to cover them.
Has them.	one (1) or more s	ubcontractors(s) and	has obtained wo	rkers' compensation insurance to cover
Has of covering the	one (1) or more semselves.	ubcontractors(s) who	has their own po	olicy of workers' compensation insurance
Has i	no more than two	(2) employees and ne	o subcontractors	S.
Department	of the permit and	t may require certifica	ates of coverage	derstood that the Central Permitting of worker's compensation insurance prior from any person, firm or corporation
Sign w/Title	Jessical	The		Date: 5 19 125