

RESIDENTIAL BUILDING APPLICATION

Site Address: 500 Tingen Rd Broadway NC 27505 PIN: _____

Owner: Samuel Landaverde Phone: (919)721-8979 Email: samuellandaverde2015@gmail.com

Description of Proposed Work: Storage Building Total Job Cost: _____

GENERAL CONTRACTOR INFORMATION

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

Samuel Landaverde (owner) (919)721-8979
General Contractor's Company Name Phone
37 Briar Oak Ct Broadway NC 27505 samuellandaverde2015@gmail.com
Address Email

License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Owner Service Size: _____ Amps T-Pole: YES ☐ NO ☐

Electrical Contractor's Company Name Phone

Address Email

License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Owner

Mechanical Contractor's Company Name Phone

Address Email

License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: Owner # of Fixtures: _____

Plumbing Contractor's Company Name Phone

Address Email

License #

INSULATION CONTRACTOR INFORMATION

Owner
Insulation Contractor's Company Name Phone



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 \$150.00. After 2 years re-issue fee is as per current fee schedule.

Samuel Landaverde
Signature of Owner/Contractor/Officer of Corporation

6/20/2025
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(s) or corporation(s) performing the work set forth in the permit:

_____ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

_____ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

_____ Has 1 or more subcontractors who has their own policy of workers' 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 understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

Samuel Landaverde
Signature of Owner/Contractor/Officer of Corporation

6/20/2025
Date