

RESIDENTIAL BUILDING APPLICATION

Site Address: 88 Frenchie Ln Bunnlevel 28323 PIN: _____

Owner: Karl Fauble Phone: (910) 476-2139 Email: Karlfauible@hotmail.com

Description of Proposed Work: demo existing deck build new 15x26 Total Job Cost: \$27,326.00

GENERAL CONTRACTOR INFORMATION

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

McLeod Home Services

General Contractor's Company Name

(919) 464-9137

Phone

20 Mary Gray Ct Foyun Varina 27526

Address

gene@mcleodhomeservices.com

Email

101475

License #

ELECTRICAL CONTRACTOR INFORMATION

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

Electrical Contractor's Company Name

Phone

Address

Email

License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: _____

Mechanical Contractor's Company Name

Phone

Address

Email

License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: _____ # of Fixtures: _____

Plumbing Contractor's Company Name

Phone

Address

Email

License #

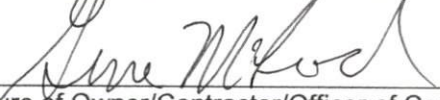
INSULATION CONTRACTOR INFORMATION

Insulation Contractor's Company Name

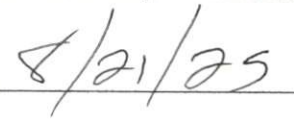
Phone

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.



Signature of Owner/Contractor/Officer of Corporation



Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

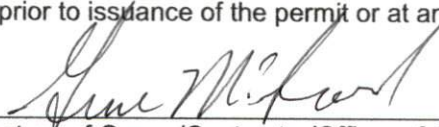
The undersigned applicant being the:

☒ General Contractor ☐ Owner ☐ Officer/Agent of the Contractor or Owner

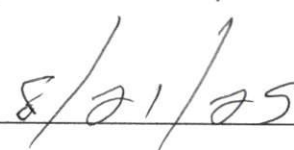
Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- ☒ 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.



Signature of Owner/Contractor/Officer of Corporation



Date