Application # 70 Pen 13500 32271 Att Gr

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www harnett org/permits

Each section below to be filled out by whomever performing work Must be owner or licensed contractor. Address company name & phone must match.

Application for Residential Building and Trades Permit

Owner's Name Tillan Freeze Allen + Chad Allen Date 2-5-2014 Site Address #0 ROCK RNOW Lene Fragge Phone 319-501-9690 Directions to job site from Lillington #01 M 71 On Christs High Rom Allen Road Turn Left On Rocky Know List house on Kight Subdivision Description of Proposed Work Family Rom Roders Market Market Mot Bedrooms 0 Heated SF 924 Unheated SF (622 Finished Bonus Room? 165 Craw Space Slab General Contractor Information Tomm's Allen Construction TWC 99-779-2550 Telephone Building Contractor's Company Name Service Size Amps 1-Pole Yes No Address License # Electrical Contractor Information Description of Work Add Facks Mile Address License # Mechanical/HVAC Contractor Information Description of Work Add Facks Mile Address License # Plumbing Contractor Information Description of Work Add Tall Address Email Address		Ι Δυ
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11/ Green	1'11 Breeze	919-665-7525
Insulation Contractor's Company Name & Address Telephone	Insulation Contractor's Company Name & Address	

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.

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		
Company or Name Tommy Allen Const IRC		
Sign w/Title Lower Me Nestel Date 2-11-2014		