

09/09/11

Application #

17-5004/295

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 Sonja Bettinger Date 5/3/17

Site Address 900 NC 27 E Lillington NC 27546 Phone \_\_\_\_\_

Directions to job site from Lillington \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_

Description of Proposed Work Garage & mud Room # of Bedrooms \_\_\_\_\_

Heated SF 216 Unheated SF 970 Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

General Contractor Information

Emanuel Pasco Building Contractor's Company Name Garner Construction & Remodeling Telephone 919-909-2532

1827 Benson Rd Garner, NC 27529 Address

Easterframing@gmail.com Email Address

PR Lic License #

Electrical Contractor Information

Description of Work Electrician in Garage Service Size 200 Amps T-Pole Yes No

Antonio's Electric Service Electrical Contractor's Company Name

919-841-2602 Telephone

600 Apt E Garner NC 27529 Address

Email Address

U17889 License #

Mechanical/HVAC Contractor Information

Description of Work \_\_\_\_\_

Mechanical Contractor's Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

License # \_\_\_\_\_

Plumbing Contractor Information

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

Plumbing Contractor's Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

License # \_\_\_\_\_

Insulation Contractor Information

Garner Construction & Remodeling Insulation Contractor's Company Name & Address Telephone 919-909-2532

\*NOTE General Contractor must fill out and sign the second page of this application

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]*  
 Signature of Owner/Contractor/Officer(s) of Corporation

5/3/17  
 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

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 *Emanuel Pasqua*  
*Eamer Construction & Remodeling LLC*

Sign w/Title *[Signature]* *Owner/President* Date *5/3/17*

*5/3/17 - POP - PIP - [unclear]*