Address Address Application for Residential Building and Trades Permit			
Harriett County Central Permitting place below to be filled out were performing work. Address, company home must match. Address, company Name: Site Address: Directions to job site from Lillington: Subdivision: Description of Proposed Work: Heated SF: Unheated SF: Unheated SF: Unheated SF: Unheated SF: Unheated SF: Unheated SF: Service Size: Address Electrical Contractor Information Building Centractor's Company Name Electrical Contractor Information Bescription of Work Finished Bonus Room? Telephone Email Address Finished Bonus Room? Telephone Telephone Email Address Telephone	is a		10 08:17:00
## PO Box 65 Lillington, NC 2794 Application for Residential Building and Trades Permit	*	Hamett County Central Permitt	
Application for Residential Building and Trades Permit home must make the Address and the Company Name and the Com	ection below to be filled out	PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.hamet	t.org/permits
Site Address: Directions to job site from Lillington: Subdivision: Description of Proposed Work: Heated SF: Unheated SF: Finished Bonus Room? General Contractor: Information Building Contractor's Company Name Address Electrical Contractor: Information Description of Work Service Size: Amps, 1-Pole: Yes N Belectrical Contractor's Company Name Telephone Email Address Email Address Email Address Email Address Finished Bonus Room? Crawl Space: Slab: General Contractor: Information Description of Work Finished Bonus Room? Crawl Space: Service Size: Amps, 1-Pole: Yes N Belectrical Contractor's Company Name Telephone Finished Bonus Room? Crawl Space: Service & Total System Finished Bonus Room? Finished Bonus Room? Crawl Space: Service & Total System Finished Bonus Room? Finished Bonus Room? Finished Bonus Room? Crawl Space: Service & Total System Finished Bonus Room? Finis	owner or licensed or. Address, company phone must match	Application for Residential Building and	Trades Permit
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	A CONTRACTOR OF THE PARTY OF TH		<u>40011</u>
	Insulation Contractor's	Company (Name & Address	Telephone
NOTE: General Contractor//owner,must fill out and sign those cond, page of this application.			
	NOTE: General	Contractor/lownermustrilloutendslgmt	ne second page of this application.

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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.

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 penalities of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit.

Has one (1) 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.

Whiteworking on the project for which this permit is sought it is understood that the Central Permitting Department lissuing the permit and attain the permitted work from any person, firm or corporation carrying out the permit and attain the permitted work from any person, firm or corporation carrying out the work.

Companyor Name:

Son w/tride:

Date: