

Application # 00

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

18-50043370

* 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: Allison Matthews Date: 6-7-18
Site Address: 145 Jared dr Fogary VARINA Phone: 919-728-6586
Directions to job site from Lillington: 901 NORTH, Right on Rawls Church Rd, Right on Hillard, Right on Jared 5th House on left

Subdivision: CAVINS place Lot: _____
Description of Proposed Work: covered Porch # of Bedrooms: 0
Heated SF: 0 Unheated SF: 250 Finished Bonus Room? NO Crawl Space: — Slab: —

General Contractor Information

DAES Frame & Roof 919-625-2048
Building Contractor's Company Name Telephone
Address cmorgan139@embarqmail.com
Email Address
License # _____

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: — Yes — No
N/A
Electrical Contractor's Company Name Telephone
Address _____ Email Address
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
N/A
Mechanical Contractor's Company Name Telephone
Address _____ Email Address
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths: _____
N/A
Plumbing Contractor's Company Name Telephone
Address _____ Email Address
License # _____

Insulation Contractor Information

N/A
Insulation Contractor's Company Name & Address Telephone

*NOTE: General Contractor / owner 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 of Owner/Contractor/Officer(s) of Corporation

6-7-18

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: _____

Sign w/Title: _____ Date: _____