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

Application # 085 00 192 9/

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

Application for Residential Building and Trades Permit Site Address: Directions to job site from Lillington: Subdivision: Description of Proposed Work: RISIDENTIA #Bedrooms: Crawl Space () Slab (X Heated SF 1650 Unheated SF 525 Finished Rec Room? General Contractor Information Telephone Building Contractor's Company Name Address Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation **Electrical Permit Information** Amps TPole: (ve)/no Service Size: Description of Work TEN Electric Electrical Contractor's Company Name Swiddow Address X Signature of Officer(s) of Corporation Mechanical Permit Information Description of Work 488-0318 Chacco Mechanical Contractor's Company Name Pamalee Drive Address Signature of Officer(s) of Corporation Plumbing Permit Information Description of Work Glover Plumbina Plumbing Contractor's Company Name License # of Corporation Insulation Permit Information Insulation Insulation Contractor's Company Name & Address

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Questio	Homeowners Applying to Build Their Own answer the following questions then see a Permit Technician to determine if you qualify onnaire per G.S. 87-14 Regulations as to Issue of Building Pern	nits (Memo available upon request)
1. Do yo	ou own the land on which this building will be constructed?	yes no
project?		•
	ou intend to directly control & supervise construction activities?	
done?		
. 1 . 4	ou intend to personally occupy the building for at least 12 cons tion of construction and do you understand that if you do not do ption under law that you fraudulently secured the permit?	ecutive months following so, it creates the yes no
and that Mechanic contract number changes any and	certify that I have the authority to make necessary application, that the construction will conform to the regulations in the Building, ical codes, and the Harnett County Zoning Ordinance. I state the ors is correct as known to me and if any changes occur including lis of bedrooms, building and trade plans, Environmental Health permit s, I certify it is my responsibility to notify the Harnett County Central all changes.	information on the above ted contractors, site plan, changes or proposed use
Signatur		
Jigi latai	re of Owner/Contractor/Officer(s) of Corporation	
	Affidavit for Worker's Compensation N.C.C	a.S. 87-14
The unc	Affidavit for Worker's Compensation N.C.C	
The unc	Affidavit for Worker's Compensation N.C.C dersigned applicant being the: General Contractor Owner Officer/Agent of the	e Contractor or Owner
The unc	Affidavit for Worker's Compensation N.C.Compensation N.C.	e Contractor or Owner
The und	Affidavit for Worker's Compensation N.C.C dersigned applicant being the: General Contractor Owner Officer/Agent of the by confirm under penalties of perjury that the person(s), firm(s) or confirm the permit: Has three (3) or more employees and has obtained workers' compensation N.C.C	e Contractor or Owner rporation(s) performing the work sation insurance to cover them.
The und Y Do here set forth X H	Affidavit for Worker's Compensation N.C.Compensation N.C.	e Contractor or Owner rporation(s) performing the work sation insurance to cover them.
Do here set forth	Affidavit for Worker's Compensation N.C.C dersigned applicant being the: General Contractor Owner Officer/Agent of the by confirm under penalties of perjury that the person(s), firm(s) or confirm the permit: Has three (3) or more employees and has obtained workers' compensation N.C.C	e Contractor or Owner rporation(s) performing the work sation insurance to cover them. inpensation insurance to cover
Do here set forth them.	Affidavit for Worker's Compensation N.C.C dersigned applicant being the: General Contractor Owner Officer/Agent of the oby confirm under penalties of perjury that the person(s), firm(s) or confirm the permit: Has three (3) or more employees and has obtained workers' compensation to more subcontractors(s) and has obtained workers' confirm the permit of the own policy of words and the own policy of words are confirmed to the own policy of the own policy of the own policy of words are confirmed to the own policy of	e Contractor or Owner rporation(s) performing the work sation insurance to cover them. inpensation insurance to cover orkers' compensation insurance
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Do here set forth them. While wo Departs to issue	Affidavit for Worker's Compensation N.C.C dersigned applicant being the: General Contractor Owner Officer/Agent of the oby confirm under penalties of perjury that the person(s), firm(s) or continuous the permit: Has three (3) or more employees and has obtained workers' compensation one (1) or more subcontractors(s) and has obtained workers' continuous one (1) or more subcontractors(s) who has their own policy of working on the project for which this permit is sought it is understood in ment issuing the permit may require certificates of coverage of workers ance of the permit and at any time during the permitted work from any	e Contractor or Owner rporation(s) performing the work sation insurance to cover them. inpensation insurance to cover orkers' compensation insurance that the Central Permitting r's compensation insurance prior or person, firm or corporation