name & phone must match

n

Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company

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

## **Application for Residential Building and Trades Permit**

Owner's Name Jacob Hamilton	Date1-1/_ (2
Site Address N-+ Addressed yet	Phone <u>(90)985 -048</u> 2
Directions to job site from Lillington Fam Lillington take	121 5 to Erwin Turn 1154
· · · · · · · · · · · · · · · · · · ·	
middle Road Property on 1574 and will	have SHB 5 3- C driveway
Subdivision Hemilton minor Modic Road	Lot
Description of Proposed Work Single Fonly Resident	# of Bedrooms
Heated SF 2,676 Unheated SF 1075 Finished Bonus Room?	
General Contractor Information	
Signature Home Builders, Inc Building Contractor's Company Name	(11-) 890-9337
Building Contractor's Company Name	Telephone
Address	larry @ signaturchamabu  ders co
Address	Email Addréss
49431	
License #	
Electrical Contractor Information	Za P. Amna T. Dala
Description of Work <u>Electrical Contractor Information</u> Service Size	Amps 1-Pole v resNo
White + Company, Inc	(910) 237- 6247
Electrical Contractor's Company Name	Telephone
PO BOX 427 Erwin NC 28339	
Address	Email Address
22907-4	
License #	ation
Mechanical/HVAC Contractor Inform	auon
Description of Work	10 1 20 0 1 51
Mechanical Contractor's Company Name	(919) 329-0686
Mechanical Contractor's Company Name	Telephone
343 Showesh Drive Garner NC 27529	
Address	Email Address
186 44	
License #	_
Plumbing Contractor Information	
Description of Work	# Baths 2.5 (919) 820 - 0026
Plumbing Contractor's Company Name	(919) 820-0026
Plumbing Contractor's Company Name	Telephone
10 Box 764 Benson NC 27504	
Address	Email Address
7958	
License #	
Insulation Contractor Informatio	<u>n</u>
Insulation Contractor's Company Name & Address	19101 486-8855
Insulation Contractor's Company Name & Address	Telephone

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

is as per current fee schedule		
War	1-4-12	
Signature of Owner/Contractor/Officer(s) of Corporation	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 obtathem		
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		
White 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 Signature Home Bu , Sign w/Title War 73 Presiden	ders, Inc	
Sign w/Title War 73 Presiden	+ Date/- '\-'\-\-	