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

1250028172

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

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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 Officer/Agent of the Contractor or Owner General Contractor 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 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

Sign w/Title

Plan Box #	Date Job Nam	1-12-12 e_Sauvy
App # 1250128172	Valuation 23/29	8 SQ Feet 3560
Inspections for SFD/SFA		
Crawl	Slab	Mono
Footing	Footing	Plumbing Under Slab
Foundation	Foundation	Ele. Under Slab
Address	Address	Address
Open Floor	Slab	Mono Slab
Rough In Insulation	Rough In	Rough In
Final	Insulation Final	Insulation
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>2500	>2500	>2500
Foundation Survey	Envir. Health	Other_
		other
Additions / Other		
Additions / Other		
Additions / Other Footing		
Additions / Other Footing Foundation		
Additions / Other Footing Foundation Slab		
Additions / Other Footing Foundation Slab Mono		
Additions / Other Footing Foundation Slab Mono Open Floor		
Additions / Other Footing Foundation Slab Mono Open Floor		
Additions / Other Footing Foundation Slab Mono Open Floor Sough In		
Additions / Other Footing Foundation Slab Mono Open Floor Sough In Insulation		
Additions / Other Footing Foundation Slab Mono Open Floor Rough In nsulation		