* 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 liconsa.

Application #

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Application vs. 2 and 1	62 1- 2017
Owner's Name. Other	8-15-2012
FIIOI	ne:
in the Dunn Letton Hu	4 301 Towards
Directions to job site from Lillington: May 421 to Darrive on Lane R Benson then Right on Hobson Rd then Right on Lane R	& then Left on Arbor Sm.
a deficiency Make Printe	10
Subdivision: VOLUME (Please Check) Building Use: (Please Check)	
Construction Type: (Please Check) Building Use: (Please Check) ✓ New Moved House Residential C _ Renovation Addition Other Modular _ M	commercial Multi-Family
Total Project Cost: 28,000.00 Description of Proposed Work: General Contractor Information	
Heated SF 2,800 Crawl Space (1) Slab () Building Construction Cost \$ Acres Disturbed	
Sevenity Built Homes	or 910-984-7043
Building Contractor's Company Name	63787
PO Box 1417 Lillington NC 27546	License #
Addréss Kun Kunu	
f Corporation - Must sign back of form	& workers comp
Electrical Permit The triangle Coat \$	8,000.00
	Amps
Do totak Electrical	4
Fleetrical Contractor's Company Name	119101/
1309 North main Stygillington NC 27546	License #
Address	Electrice "
Jonney Lelis	
Signature of Officer(s) of Corporation Mechanical Permit Information	
	Cost \$ 11.000.00
Number of Units Type SystemType System	897-5501
Tim Heating & Alc, Inc.	011
Mechanical Contractor's Company Name	17164
724 Turlington RE Dunn NC 28334	License #
Address	
Signature of Officer(s) of Corporation	
Plumbing Permit Information	
Description of Work Plumbing Cost \$	8,700.00
Number of Baths 3 Plumbing Cost \$_	263-0232
Plumbing Contractor's Company Name Telephone	
464 Parker Mill RZ Benson NC 27504	29636
Address / / /	License #
Land Market	
Signature of Officer(s) of Corporation Signature Of Officer(s) of Corporation Signature Of Officer(s) Office	Not Required ()
Insulation Permit Information Residential (4)	919-398-2952
Insulation Inc. Ralvish N.C.	Telephone
Insulation Contractor's Company Name & Address	1 Giophione

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Application	#	

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned	d applicant for Building Permit #	being the:
	General Contractor	
	Owner Officer/Agent of the Contractor or Owner	
Do hereby confi the work set for	firm under penalties of perjury that the per- th in the permit:	son(s), firm(s) or corporation(s) performing
	Has/have three (3) or more employees ar compensation insurance to cover them.	nd has/have obtained workers'
	Has/have one (1) or more subcontractors compensation insurance to cover them.	(s) and has/have obtained workers'
	Has/have one (1) or more subcontractors workers' compensation insurance coverir	s(s) who has/have their own policy of any themselves.
	Has/have not more than two (2) employe	
Department is	on the project for which this permit is sough ssuing the permit may require certificate or to issuance of the permit and at any time	nt it is understood that the Central Permitting es of coverage of worker's compensation during the permitted work from any person,
firm or corpora	ation carrying out the work.	
Firm Name:	Sunty Bull Hemes	
Sign/Title:	u Lum Seet-	
	15-2012	