Application #

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

125 00 29 838

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

Owners Name Empire Investment A.	Date <u>/b-9-/2</u> '
Site Address	Phone
Directions to job site from Lillington 210 North Le	ft on Hurnettlentrul Rd
Lf English Springer Lot 15 End 7	he street
Subdivision Quail blen	Lot _ 1.5
Description of Proposed Work New construction (house) # of Bedrooms 4	
Heated SF 2552 Unheated SF 302 Finished Bonus Room? N Crawl Space Slab	
General Contractor Information	
BRC Homes Inc	919 422 0355
Building Contractor's Company Name	Telephone
7101 Hawk Hill of Wake torest NC 2758>	
Address	Email Address
71436 License #	
Electrical Contractor Information	
Description of Work New Construction Service Size	200 Amps T-Pole/YesNo
Pedro Electric	919 868 5249
Electrical Contractor's Company Name	Telephone
POBOX 61307 Ruleigh NL 2766/	
Address "	Email Address
<u>21572</u> License #	
Mechanical/HVAC Contractor Information	
Description of Work	
	19 556 3338 919 422-1482
Mechanical Contractor's Company Name	Telephone
Purnell Rd wake forest NC	
Address	Email Address
10540 H3	
License # Plumbing Contractor Information	
	# Baths 3
Description of Work New	
Plumbing Contractor's Company Name	919 639 0/95 Telephone
^	relephone
Address Angrer NC	Email Address
14087	
License #	
Insulation Contractor Information	
Smith Insulation	919 496 3512.
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 Signature of Owner/Contractor/Officer(s) of Corporation 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