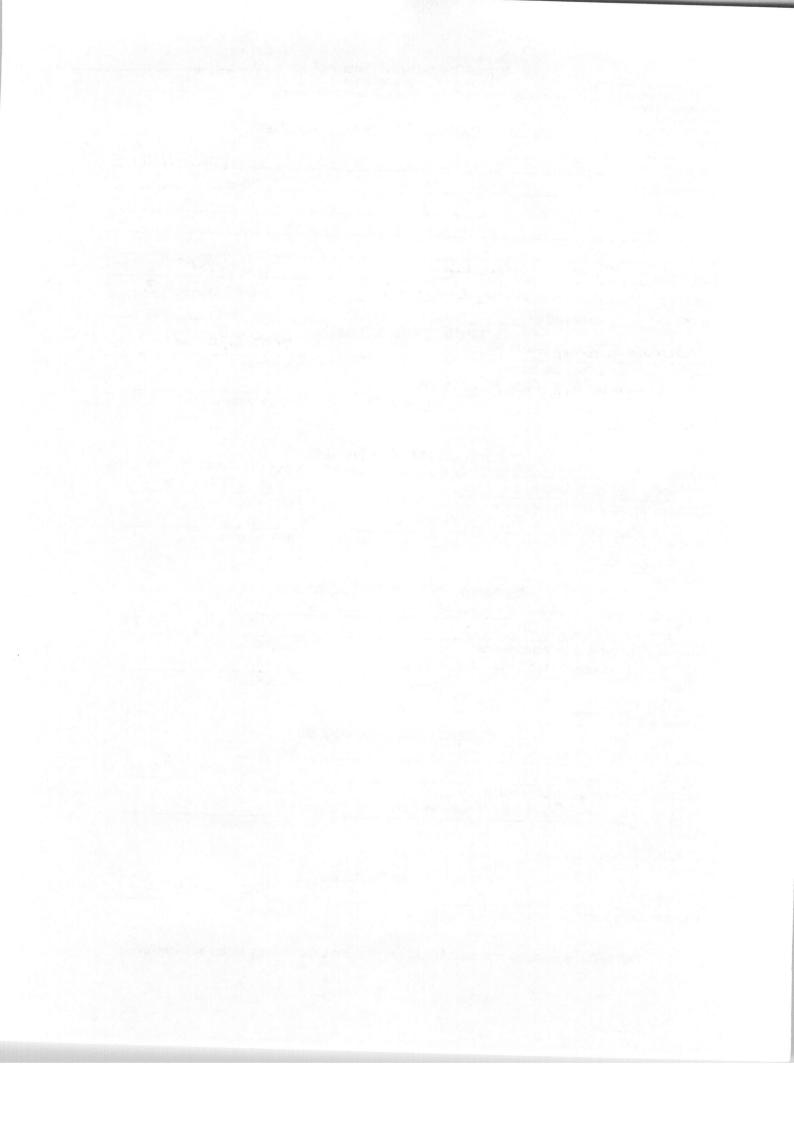
Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match

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

	1/11/12
Owner's Name	Date////
Site Address	Phone
Directions to job site from Lillington	
Description of Proposed Work New Coustrate. Heated SF Unheated SF Finished Bonus Room?	Lot 147
Subdivision Alices Constructive	# of Bedrooms 3
Heated SF Unheated SF Finished Bonus Room? General Contractor Information	Crawl Space Slab
General Contractor Information	910-630-2100
Weaun Development	Telephone
Rillding Contractor's Company Name	Telephone
350 wagonn D. Fujethalle, UC Address 28303	Email Address
Address 28387	In I I Said To Said Said Said Said Said Said Said Said
Description of Work New Construction Service Size	ZONA T Dolo Vos No
Description of Work New Coust Audi Service Size	200 Amps 1-Pole
	919 - 776 - 5/44 Telephone
The state of Community Marine	relephone
Clog Chathen ST. San Ford, NC	Email Address
Addiess	
2/326-C License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work New Construction	
Caroling Confort AER	919-934-1060 Telephone
Machanical Contractor's Company Name	Telephone
528 W. MARKET ST Snifhful, NL Address	
	Email Address
29077	
License # Plumbing Contractor Information	on .
Court antico	# Baths
Description of Work New Court antion	910-814-7705
Jane Johnson Dlanborg Plumbing Contractor's Company Name	Telephone
	Email Address
Address 21649	
I compare the	
Insulation Contractor Informati	on 910 - 486 - 855
MASCO	Telephone
Insulation Contractor's Company Name & Address	i eleptiono



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 FRES - 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.

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.

I hereby certify that I have the authority to make necessary application that the application is correct

Affidavit for Worker's Compensation N C G S 67-14	
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 Company or Name	
Sign w/Title Come way Date ////3	

