y whomever performing work. Aust be owner or licensed contractor. Address, company iame & 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



Application for Residential Building and Trades Permit

Owner's Name: Procradantial LLC Sile Address: \$1.95	
Site Address: 6695 NC 210 5, Bunnlevel, Directions to job site from Lillington:	Date: 2/20]/3
Directions to job site from Lillington: approx 14 South	Phone: 910~401~5505
	Sw 0/05
Subdivision: Gwen Oaks	Lot: 102
Description of Proposed Work: Single Family - New Const Heated SF: Unbeated SF: Finished P.	h. Hat Hat D. J.
Fillished Bonus Room?	MAS Crowd Comment V
Gary Robinson Homes	on Space. A Slab:
Building Contractor's Company Name	910-977-2562
55/11 Ramsey St, Suite 100, Fay, N283/1	Telephone
Address Address	garytobinsonhomes@yahoo.com
May high	Lindinaduless
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Description of Work New Construction Service Size	on TD / /
CLUTTEN LIECHONING S	
intectrical Contractor's Company Name	<u>919-278-9894</u> Telephone
4/008 Barrett Dr. Starz, Raleigh, NC 27609 Address	
Auditess	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	23963 (L License #
Mechanical/HVAC Contractor Information	mation
Description of Work New Construction	
Custom Heating + air	919-820-7063
Mechanical Contractor's Company Name	Telephone
Address & Dark Cevenue Dienn No. 28334	
Mails Stanto	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Information of Mark 1204 20 2	<u>on</u>
Description of Work New Construction	# Baths
Plumbing Contractor's Company Name	910-429-9939 Talanhara
7612 Documentary Drive, Fay NC 28311	Telephone
Address 1 2	Email Address
Vall Han	24204 P-1
Signature of Owner/Contractor/Officer(s) of Corporation Insulation Contractor Informati	License #
Autocolonia ()	<u>1501</u>
Insulation Contractor's Company Namé & Address '	Telephone

*NOTE: General Contractor must fill out and sign the second page of this application.

Homoovena Analai 4 m strans		
Homeowners Applying to Build Their Own Home Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)		
Do you own the land on which this building will be constructed?	Yes	No
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?	Yes	No
3. Do you intend to directly control & supervise construction activities?	Yes	No
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?	Yes	NI-
5. Do you intend to personally occupy the building for at least 12 consermonths following completion of construction and do you understand that you do not do so, it creates the presumption under law that you fraudule secured the permit?	cutive	
		
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 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 FERMS - 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		
Signature of Owner/Contractor/Officer(s) of Corporation 2/20// Date	<u>'3</u>	
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the:		
Affidavit for Worker's Compensation N.C.G.S	6. 87-14	wner
Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the:	5. 87-14 ontractor or O	i
Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the: General Contractor Owner Officer/Agent of the C Do hereby confirm under penalties of periury that the person(s) firm(s) or corpo	ontractor or Orration(s) perfo	rming the work
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Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the: General Contractor Owner Officer/Agent of the C Do hereby confirm under penalties of perjury that the person(s), firm(s) or corpo set forth in the permit: Has three (3) or more employees and has obtained workers' compensation. Has one (1) or more subcontractors(s) and has obtained workers' compensation. Has one (1) or more subcontractors(s) who has their own policy of worker 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 Department issuing the permit may require certificates of coverage of worker's compensation to issuance of the permit and at any time during the permitted work from any permits and at the permit and at any time during the permitted work from any permits and at any time during the permitted work from any permits and at any time during the permitted work from any permits and at any time during the permits and at any time dur	ontractor or Or ration(s) performance to mation insurance to mation insurances of compensation the Central Percompensation rson, firm or contral from or contr	o cover them. Ince to cover Ition insurance
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