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

, , , , , , ,	
Owners Name _ Dallota Land Partners, UC	Date <u>(2003)</u> 02.08.
Site Address 125 BEUN Howington Dr.	Phone 914-781-8104
Directions to job site from Lillington 421 towards Sanfi	ord, left on Summerville-Mamers &
(turns into Old 421), TAKE Old 421 App	rox. 3 miles. LAMIE BELL Pidge
is on the left.	The state of the s
Subdivision MAMIE BELL RIDGE	Lot103
Description of Proposed Work NEW Single-family dwell	# of Bedrooms 4
Heated SF 3177 Unheated SF 609 Finished Bonus Room' General Contractor Informa	Crawl Space Slab
Sawy Homes, LLC	919-781-8104
Building Contractor's Company Name	Telephone
Address Rd., Ste. 100, Rokigh, NC 20613	QZOTTO @ SAVVY homes. Com Email Address
<u>47375</u>	
License #	tion
Description of Work New SFD Electrical Contractor Informa	e 200 Amps T-Pole Yes No
Raleigh Lanchart Electric Co.	919-303-6266
Electrical Contractor's Company Name	Telephone
1120 Burma Dr. , Aprx , NC 27502	tighe lanchart. com
Address	Email Address
24986 - 0	
License #  Mechanical/HVAC Contractor Infor	mation
Description of Work New SFD	
CAROlina Comfort Air	910-29-1061
Mechanical Contractor s Company Name	Telephone
5212 US Hwy Bus 70W, Clayton NC 27520	rebeca@CAROlinA Comfort Air. com
Address	Email Address
29077	
icense #	
Plumbing Contractor Information	21/2
escription of Work new SFD	# Baths 272
Northwest Pumbing NC, Inc.	919.278.6739 Telephone
5516 Caterpillar Dr. Apex NC 27539	twelchele Nw Pert.com
idress	Email Address
29752	The state of the s
cense #	
Insulation Contractor Information	
Il PRO INSUlation. 107 Ag Drive, Youngsville NC 27596	
ulation 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 Date 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 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

PERMITTING CORDINATOL Date 02.08.13

carrying out the work

Company or Name

Sign w/Title