Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits Application # 30753

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

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Owner's Name	mpire	En,	restme	ut a	Dhon	_ Date		
		1	A man a		Phon	unoth Candral		
Directions to job site f	from Lillington	210	HWX	North	47 77	urnett Central		
Lf. Eng	lish Spri	nger	Dr.					
		/				10		
Subdivision Q 0	ail 614	n			Lot			
10 mod Wash New DOUNE					# of	# of Bedrooms _3		
Description of Topos	Inheated SF		Finished Bonu	s Room	es Crawl Sp	pace Slab		
Heated SF 2710	Officator of	Genera	al Contractor	Informatio				
BRC Ann	nes In	919 422 0355						
Building Contractor s	Company Na	me	0 1		Telephone	10-1		
7101 Hawk	k Hill C	+ Wal	p torest 1	102158	Email Address	1 Dembargmail.		
Address					Email Address	18		
71436	218,							
License #		Electric	cal Contracto	r Informati	ion			
Description of Work	Ne	w	9	ervice Size	200Amps	T-PoleNo		
Pedro	Electr	ic.			919 8	68 5249		
Electrical Contractor	s Company N	ame			Telephone			
P'O Box	6130	Tu)	PISH NO	27661				
Address	000				Email Addre	SS		
21572	2							
License #		8 - alaamsaa	I/HVAC Cont	ractor Info	rmation			
	_	,	II/HVAC COIIL	ractor into				
Description of Work					019 6	56 3338		
Cusey Gervices					Telephone			
Mechanical Contrac	tors Compan	y Name	Con	.1 .	rotophiene			
<u> </u>	Purnell	Bel W	are fore	17	Email Addre	ess		
Address	10							
Address	3							
License #		Plumb	oing Contract	or Informa	tion	1/2		
Description of Mork	· N/				# Baths	121		
Description of Work	Plumbin	ð			919	639 0195		
Diverbing Contractor's Company Name					Telephone			
Plumbing Contract	D Day	05'						
Address Address					Email Addr	Email Address		
14087	7							
License #	***************************************		0 1	Anu Inform	ation			
	/ 1	- Insula	ation Contrac	tor inform	910 2	496 3512.		
5 mith	Insulat	10 n	A dage = =		Telephone			
Insulation Contrac	tors Company	Name & A	Address		releptione			

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 bysigning 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 C	Corporation Date
Affidavit for Worker The undersigned applicant being the	er's Compensation N C G S 87-14
General Contractor Owner	Officer/Agent of the Contractor or Owner
	that the person(s) firm(s) or corporation(s) performing the work
Has three (3) or more employees and h	has obtained workers compensation insurance to cover them
	and has obtained workers compensation insurance to cover
Has one (1) or more subcontractors(s) covering themselves	who has their own policy of workers compensation insurance
Has no more than two (2) employees a	nd no subcontractors
	rmit is sought it is understood that the Central Permitting rtificates of coverage of worker's compensation insurance prioring the permitted work from any person firm or corporation
Company or Name	
Sign w/Title	Date

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 periury 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

Company or Name BRC Homes Inc

carrying out the work