	09/09/11		Application #	
		Harnett County Central Po	ermitting <u>13-500-3102</u>	20
	section below to be filled out maver performing work	PO Box 65 Lillington NC 2 910 863 7525 Fax 810 893 2793 www.l	7546 harnett org/pormits O (1) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	and
Must b	e owner or licensed stor. Address company	Application for Residential Building	and Trades Permit	#1 C
name a	\$ phone must match	Souder Brad & K	CLOCHIUM COI	ntral
	Owner's Name	03 Dino (it Sont	Date 10:13:16	
	Directions to job site fr	<u> </u>	16 NC Phone	
	Subdivision Description of Propose	ad Marak		
	· · · · · · · · · · · · · · · · · · ·		# of Bedrooms om? Crawl Space Slab	
	_ ^	CONSTIUCTOR	mation	
	Building Contractor se		Telephone	
	A d dun a a	·		
	Address		Email Address	
*	License # Electrical Contractor Information			
	Description of Work	SMULL HUNGLOUTH LOU JOB Service		10 C
	Electrical Contractor s	COMPANY NAME	910 295- 1123 Telephone	JU J
	<u>10897 n</u>	1630 Pinehuist NC283	$\frac{1}{2}$	M.
	Address	5 ()	Email Address	•
	License #	~		
	Mechanical/HVAC Contractor Information Description of Work			
	Mechanical Contractor	s Company Name	Telephone	
	Address		Email Address	
	License #	_		
	Plumbing Contractor Information			
	Description of Work		# Baths	
	Plumbing Contractor s	Company Name	Telephone	
	Address		Email Address	
	License #	 Insulation Contractor Info	ormation	
	insulation Contractors	Company Name & Address	Telephone	

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

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 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 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 Date _

CAMINA DESIGN AND CONSTRUCTION, INC.

165 Fox Hollow Road Pinehurst, NC 28374

Tel: 910-695-4271 Fax: 910-695-0769

FACSIMILE TRANSMITTAL SHEET

To

Harnett County Donna Johnson ...

Fax

9108932793

From

Susan Capstick

Date

October 14, 2016

Pages including cover 3

Re

Amended Application # 13-500-31020

Donna,

Afternoon, Power is on at the office now. Hurray

Amended revised application for Electrical Subcontractor change is attached.

If there are any questions, please give me a call.

Thanks

Susan Capstick