Application #

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

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

Application for Residential Building and Trades Permit

Mechanical/HVAC Contractor Information Description of Work A KW Contractor Information FIGURE FOR TEATH OF THE TIME, NC EHRIN, Certif FDC gmail.com Address H3C1/2012 License #/ Description of Work A KW Contractor Information And Lake Contractor Company Name POSI Contractor Company Name Telephone Insulation Contractor Information And Noughout Stown Stown On Stown Contractor Information Insulation Contractor Stown Name & Address Telephone Telephone Telephone	phone must match		
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Address H3C1/20012 License # Plumbing Contractor Information Description of Work ACA CANCETTAL AD #Baths 77 Flumbing Contractor S Company Name Plumbing Gontractor S Company Name Flumbing Gontractor S Company Name Flumbing Gontractor S Company Name Flumbing Gontractor S Company Name Insulation Contractor Information FATURE NEW ASSURED ON STORE TO PLANT COMPANY Name & Address Final Add	Mechanical Contractors Go	ompany Name	Telephane
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CANWER NC 72579	Insulation Contractor's Cor	mpany Name & Address /	i elepnone

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 settedule 89 Junik 2017 Signature of Owner Contractor/Officer(s) of Corporation 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 ✓ 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 GAS CONTRACTOR FOR GAS LOG FIRE PLACE DIVERSIFIED ENERGY 17220 US HWY 421 5. DWGN, NC 256334-8757 LICIT 31611 FP

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 678926

Filed on: 06/29/2017

Initially filed by: troy@ivercon.net



Technical Support Hotline: (888) 690-7384