Application # 1220

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 & phone must match

Application for Residential Building and Trades Permit

hone must match	дриовично	Date 4/4/17
Owner's Name	Jenood Builders LLC	Phone
		Left on Christian Light,
Directions to job site fr	om Lillington	on the left immelith
1.01 - 0	Fridge Ources Religion 1	
Dail 1715	7 oakide Omen Rd	Lot
Subdivision	D. H. Verre	# of Bedrooms
Description of Propos	ed Work <u>Single</u> family home	Crawl Space V_ Slab
Heated SF ZG78	John Stand S	
	<u> </u>	917-868-4206
Colenators Contractors	Company Name	Telephone
Building Contractors	Company Name Ource Red Figurery Varine NCZTSZ	Email Address
Address		Elitali Addi oso
77509	_ _	
License #	Has con the Electrical Contractor Information Fill electrical Suspin Service Size 7	n Amos T-Pole X YesNo
Description of Work	Full electrical Suspen Service Size ?	919-770-1632
Holf Elect	S Company Name	Tolenhone
Electrical Contractor	s Company Name	Ishalt 20 @ mail. Com
900 Wildli	held Sund UL 77332	Email Address
Address		
72298-L		
License #	Mechanical/HVAC Contractor Inform	nation
Description of Work	New construction	919-552-3053
والمملا مازا	. 1 11/ Seml Tul	
- Carter	Hore Company Name	Telephone CShVa Cognal. Com Email Address
1539 Wade	Styphen Rd Holly Spans NL 27540	Email Address
Address	•	
12655-H3	_ 	
License #	Plumbing Contractor Informati	ion
Description of Wol	* New Constant	# Baths
LC (). No.		7/9-1037-6701
Plumbing Contrac	tor's Company Name	of I small centuralisk net
840 MG	tors Company Name Sies: 11 Port Rd Angier DC 27-01	Email Address
Address		
License #	Insulation Contractor Informa	919-772-9000
Insidation		Telephone
INSIMATES 4	ctor's Company Name & Address	l globuous

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

Signature of Owner/Contractor/Officer(s) of Corporation Date

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 wo
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 prio is issuance of the permit and at any time during the permitted work from any person firm or corporation
Company or Name Glenwood Buildes LLC
Sign W/Title Done Date 4 14 17