

09/09/11

Application #

17-50041312 and

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

Owner's Name Jody Read Date 5-21-17
Site Address Cameron Rd Broadway Phone 910 587 2641
Directions to job site from Lillington take old 421 to Cameron Rd
site on left 1/4 mi down road

Subdivision _____ Lot _____
Description of Proposed Work Home construction # of Bedrooms 3
Heated SF 2112 Unheated SF 1060 Finished Bonus Room? _____ Crawl Space Slab _____

General Contractor Information

owner - Jody Read 910 587-2641
Building Contractor's Company Name Telephone
455 Cameron Rd Broadway 27505 Jodyaread@yahoo.com
Address Email Address

License # _____

Electrical Contractor Information

Description of Work _____ Service Size 200 Amps T-Pole Yes No

owner
Electrical Contractor's Company Name Telephone
Address Email Address

License # _____

Mechanical/HVAC Contractor Information

Description of Work owner

Mechanical Contractor's Company Name Telephone
Address Email Address

License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____

owner
Plumbing Contractor's Company Name Telephone
Address Email Address

License # _____

Insulation Contractor Information

owner
Insulation Contractor's 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 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.

Jody Read
Signature of Owner/Contractor/Officer(s) of Corporation

5-5-2017
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 Jody Read Date 5-22-17