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

Application for Residential Building and Trades Permit

ne & phone must match	Application for Residential Building and	Trades Fernit
	11	7/10/17
	Marvin Johnson	Date 7//8//7
	ract 1 B Burrel Wilson 1	0
Directions to job site fr	om Lillington US 471 N Jours	no Sanford
- Right	on Holly Springs Rd	
- Right	on Burrel Wilson Dr	
Subdivision		_ Lot
	ed Work New Construction (Home # of Bedrooms 3
	nheated SF 606 Finished Bonus Room?	
ricated of Tip o	General Contractor Information	
Joshua	Johnson	919 777-3709
Building Contractor s C		Telephone
PO BOX 92	9 Broadway NC 27505	jaine 2004 @ gmal co
Address	0	Email Address
55816		
License #	Electrical Contractor Informat	aion .
Description of Work	Jew Service (residence) Service Size	Amps T-Pole Yes No
Pr. Faulle	,	919 775 1990
Electrical Contractor s		Telephone
3103 Hal S	siler Dr Santord NC 27332	
Address	1	Email Address
11 335 - U	<u>1</u>	
License #	Mechanical/HVAC Contractor Info	rmation
Description of Work	Jew Service (residence)	
Somer & D		919 774 6841
Mechanical Contractor	rs Company Name	Telephone
& Lee 1	ve Sanford LC 27332	
Address		Email Address
9369		
License #	Plumbing Contractor Informat	tion
Description of Work A	Dew Service (residence)	# Baths
Plumbing Contractor s	Company Name	910 814 7705 Telephone
1 . 7 . 1 . 2	Ed Burnlevel 28323	Тегерпопо
<u>(014 Syrcl k</u> Address	u myritist cases	Email Address
21649		
License #	_	
	Insulation Contractor Informa	010 371 1/179
Insulation	Inc. SANterd NC	919 776-4138
Insulation Contractor of	Company Name & Address 0 727	Telephone

Liver Some Some State Sim the way of the same of the and the second of the last of the last of TS OA WARE BORRES AC 27 Carry of Society and the Control of 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

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 Johnson
Sign w/Title