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 & phone must match

Application for Residential Building and Trades Permit

	- i k
Owners Name Rodney Scott Collins	
Site Address 179 CAO dollins LN	Phone 1-910-890-08
Directions to job site from Lillington 421 4 miles t	un Right on
Dop Collins Rd down to stop s!	an costast on
CAO COILING LN, down ON the	left.
Subdivision	Lot
Description of Proposed Work New house	# of Bedrooms 2
Heated SF 960 Unheated SF Finished Bonus Room?	Crawl Space 🖊 Slab
General Contractor Information	910-890-0803
Building Confractor's Company Name	Telephone
179 CAD COLLINS LW	Tolophono
Address	Email Address
License # Electrical Contractor Informati	on .
	Amps T-PoleYesNo
Rodney Collies	
Electrical Contractor's Company Name	Telephone
Address	Email Address
. Addicas	*
License #	
Mechanical/HVAC Contractor Infor	mation
Description of Work	
Mechanical Contractor's Company Name	Telephone
Woodanie Zermado de Germany Marie	
Address	Email Address
· · · · · · · · · · · · · · · · · · ·	
License # Plumbing Contractor Informat	ion
	# Baths Z
Description of Work	# Dattis
Plumbing Contractor's Company Name	Telephone
, tameng control company, training	•
Address	Email Address
License # Insulation Contractor Information	tion .
Rodney Calling	
Insulation Contractor's Company Name & Address	Telephone

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 Owner Officer/Agent of the Contractor or Owner **General Contractor** Do hereby confirm under penalties of periury 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 Company or Name _____ Sign w/Title

The site. Then is my personal home, ilts being built where il live now, got across the wood. Then the Let owner. The bank is not involved. Thank you.

COUNTY OF	<u> Harnett</u>	
Harnet	tInspections Department	
Address and	d Parcel Identification of Real Property Where 40 CO 111から しん しんりん	Building is to be Constructed or Altered:
1, <u>R</u> c	duey Scott Col	linc
	(Print Fu on an exemption from licensure under G.S. 87-1 g paragraphs 2-4 below and attesting to the fo	(b)(2) by initialing the relevant provision in paragraph 1
1.	constructed or altered;	roperty set forth above on which this building is to be
	OR I am legally authorized to act on behal altering this building on the property owned firm or corporation:	f of the firm or corporation which is constructing or by the firm or corporation as set forth above (name of):
2.	R will personally superintend and n	nanage all aspects of the construction or alternation of ed to any person not duly licensed under the terms of so of North Carolina;
3,	R will be personally present for all i	nspections required by the North Carolina State Building alteration of the building were drawn and sealed by an
4.	Licensing Board for General Contractors for versemption under G.S. 87-1(b)(2) for the build understand that, if the North Carolina Licensin	DAVIT will be transmitted to the North Carolina erification that I am validly entitled to claim an ing construction or alteration specified herein. I further ng Board for General Contractors determines that I was ling permit issued for the building construction or ursuant to G.S. 153A-362 or G.S. 160A-422.
-1	Kodrey Sucht Colling (Signature of Affiant)	3-6-18 Date
this Sign	rn to (or affirmed) and Subscribed before me the May of Mowch , 20 18 The first of Notary Public A Petricus	Date Notary Public Community My Comm. Exp. Si31/22 AROUNTHINGS Wake County My Comm. Exp.
	ted Name of Notary Public	(Notary Stamp or Seal)

(NOTE: It is a Class F felony to willfully commit perjury in any affidavit taken pursuant to law—G.S. 14-209)

