Application #

Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address company name & phone must match. Harnett County Central Permitting PO Box 65 Lithington NC 27546 910 893 7525 Fax 919 893 2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

	, ,
Owner's Name	Date <u>3/21/18</u>
Site Address Huy 27 EAST COATS NC 2752/ Phone 910-890-2160	
Directions to job site from Littington Turn Right ONTO	Hury 421 Towards
ERWIN, TURN LEFT ON Hong.	27 Toward Costs
Cour THAN COATS, CONTINUE ASSES	MINE STIE ON LEFT
Subdivision N/A	Lot LOOK FOR UNAVER
Description of Proposed Work NEW SWALE PANNEY (DUSTRICE) of Bedrooms 3	
Heated SF Unheated SF Finished Bonus Room? 10/0 Crawl Space Slab 1	
JRT MAN AL DA PROPERTIES, LLC	910-890-2160
Building Contractor's Company Name	Talanhone
802 W. BROWN SF Dun NC 28334	IMStrickland83 Rigation, com
79495 Lixense #	
Electrical Contractor Informatro	n /
Description of Work WEW Con Struction Service Size	Amps T-Pole 1_YesNo
RST ELETRIC	919-291-876de
Electrical Contractor's Company Name	Telephone
3376 ZACKS MUL RD ANDREW	
Address	Email Address
26202-I License #	
Mechanical/HVAC Contractor Information	
Description of Work NON Consequence	
Panky 1 st Jackson	910-242-2941
Mechanical Centractor's Company Name	Telephone
100 ND 13TH STREET SUITE 15M	
Address Elwin NC 28339	Email Address
H-3-1 18612	
License # Plumbing Contractor information	
Description of Work Now Carsonacor Kundak	# Baths
Jerons D. Willeard	919-915-0533
Plumbing Contractor's Company Name	Telephone
Stor Territor Loop Cors, Dun NY 25334	
Address /	Email Address
<i>F.I. 10747</i> License #	
Insulation Contractor Information	1
PARKOR BABS JASMANON 825 KITY FORK BD 910-990-5928	
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 att subcontractors germission 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.

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-assue 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 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