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 & pl

ation for Residential Building and Trades Permit

hone must match	Application for Residents	
Owner's Name	lucecont INC.	NC Phone 910-717-5076
Site Address 20	e Rainmaker St., Linden	NC Phone
Directions to job site fr	rom Lillington	
		Lot 19
SubdivisionS		# of Bedrooms 3
Description of Propos	ed Work	Crawl Space Slab
Heated SF PH7	John John John John John John John John	
1		910-257-STUL
Building Contractor s	Company Name	Telephone
POBOX 1	64778	Email Address
Address ,		Lingproduction
57917/LTD	<del>-</del>	
Fice ise #	Au How Consmic Ton Service Size	700 Amps T-Pole YesNo
Description of Work	THE GROW CONSTRUCTIONS	910-323-7458
Flectrical Cogractor	OCK FURETRIC s Company Name	Telephone
15+ WHITE	HEAD RO. FALETFULLED ALC 28312	Email Address
Address		Email Address J
NC 11:297		
License #	Mechanical/HVAC Contractor Inform	nation
Description of Work	NEW CONSTRUCTION	010 8581-1000
CENTIFIE	tor's Company Name	910-858-000 Telephone
Mechanical Contrac	071 Hafte MILLS, NC	EHRIN. CECTIFICAMAIL. COM
Po Box /	7 1 4 28348	Email Address
H3C1/200	12	
License #/	Plumbing Contractor Informati	on
		# Baths /7
Description of World	- Puribial	910-424-1766
Plumbing Bontracti	Company Name	Telephone
7051 CRA	57. 45-801 MUE NC 28306.	Ileeping Gaol Com Email Address
Address		
05171 (1 License #		
1	Insulation Contractor Informal	919-661-0999
HTWZ NSU	MATION, SIA DED DAME STORE PLO	Telephone
insulation Contract	tor's Company Name & Address	

\*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 gurrent fee schedife.

EX	PIRED PERMIT FEES—6-Months to 2 years permit re-issue fee is \$150 00 After 2 years re-issue fee
<	122 2020
Sig	nature of Owner/Contractor/Officer(s) of Corporation Date
The	Affidavit for Worker's Compensation N C G S 87-14 e undersigned applicant being the
<b>د</b>	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 torth in the permit
_	Has three (3) or more employees and has obtained workers compensation insurance to cover them
the	Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover em
~ 	Has one (1) or more subcontractors(s) who has their own policy of workers compensation insurance evening themselves
_	Has no more than two (2) employees and no subcontractors
to	Phile working on the project for which this permit is sought it is understood that the Central Permitting epartment issuing the permit may require certificates of coverage of worker's compensation insurance prior issuance of the permit and at any time during the permitted work from any person firm or corporation arrying out the work
	ompany or Name Historial, MC :  Agn w/Title Date 1/22/2020
1	SAS CONTRACTOR WH.
	GAS LOG FLAR PLACE
(	DIVERSIEURO EMERCY 17220 US HOUY 421 5. Durent, NC 256334-8757
	17220 US Xwy 421'S. Duren, NC 28334-8557
	Lic. # 31611 KP