Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www harnett org/permits

12500 29383

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 Ivaliae	Seu Date 881
Site Address 1959 Byrd fond Rd	Frwin NC Phone 910.574529
Directions to job site from Lillington	
Act in	TO SEE SEE
1	Parentar Long
Subdivision	Lot
Description of Proposed Work	# of Bedrooms
Heated SF Unheated SF Finished Bon General Contracto	us Room? Crawl Space Slab r Information
Building Contractor's Company Name	Telephone
Address	Email Address
License #  Electrical Contractor  Description of Work	or Information Service Size Amps T-Pole Yes No
	SELVICE OILO
Electrical Contractor's Company Name	Telephone
Address	Email Address
_icense # Mechanical/HVAC Cont	
Description of Work	
16 Owner	
Mechanical Contractor's Company Name	more the more
Address	Email Address
icense #	or Information
Description of Work	# Baths
AL DWINE IN	
Plumbing Contractor's Company Name	Telephone
Address	Email Address
icense # Insulation Contract	
AG U WACA Contractor's Company Name & Address	Telephone

\*NOTE General Contractor must fill out and sign the second page of this application

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 **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

I hereby certify that I have the authority to make necessary application, that the application is correct