

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-4759

Application for Building and Trade Permit

Owner's Name: Myers, Rosalyn Date: 8-19-19
Address: 70 Wilson Lucas Road Phone: _____
Directions to job site: _____

Subdivision: _____ Lot: _____
Construction Type: (Please Check) Building Use: (Please Check)
 New Residential
 Renovation Modular
 Addition Commercial
 Moved House Multi-Family
 Other
Description of Proposed Work: _____
Total Project Cost: _____

Building Permit Information

Heated SF Crawl Space (Y) Building Construction Cost \$ _____
Unheated SF Slab () Acres Disturbed _____ Stories _____

Building Contractor's Company Name _____ Telephone _____
Address _____ License # _____
Signature of Officer(s) of Corporation _____

Electrical Permit Information

Description of Work: AV wiring Electrical Cost \$ 500 +/-
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: _____ Amps
Black & Roberson 252 795 3603
Electrical Contractor's Company Name Telephone # 089004
1715 Black Rd, Robersonville NC Address License # _____
Signature of Officer(s) of Corporation _____

Mechanical Permit Information

Description of Work: HVAC Changeout
Number of Units: 1 Type System: split syst HP Mechanical Cost \$ 5000 +/-
Lepage Htg & Air, Inc Telephone 919 247 4766
Mechanical Contractor's Company Name Telephone # 29206
516 Lassiter Rd, Four Oaks, NC Address License # _____
Paul Lepage Pres Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work _____ Plumbing Cost \$ _____
Number of Baths _____
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ License # _____
Signature of Officer(s) of Corporation _____

Insulation Permit Information

Residential () Other () Not Required ()
Insulation Contractor's Company Name _____ Address _____ Telephone _____

**Affidavit for Worker's Compensation
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # _____ being the:

- 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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.

_____ Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.

_____ Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.

Has/have not 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.

Firm Name: Lepage Heating & Air, Inc.

By/Title: Eileen Lepage, Sec. / trees

Date: 8-19-19