

*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 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits Application #

Application for Residential Building and Trades Permit

| resormation on license. | 16: No. O No. 14: 10: 10: 10: 10: 10: 10: 10: 10: 10: 10 | Ig and Trade- D |
|--|--|--|
| Owner's Name: 10 | VII KA KANITAA | and Trades Permit |
| Site Address: 431 | Neaver | Dot 6/10/2/2020 |
| Subdivision: | | Date: 05/08/2020 Phone: 9/9-356-808// |
| Description of Proposer | Work: replace neat pur | 1 of: 11 36 8084 |
| | replace heat pur | ip sustem |
| | outilactor info | rmation |
| Building Contractor's Co | mpany Name | _ |
| Address | | Telephone |
| Address | | |
| License # | | Email Address |
| Donostav | Flectrical | |
| Description of Work | Electrical Contractor Infor | O: |
| Electrical Contractor's Con | (ampany Inc. | Thinks I-Pole: Yes Ma |
| 200 A Tryon r | mparty Marine | 7419-779-4197 NO Telephone |
| riddless II | 2d. Paleigh NC 27603 | |
| 09721 | 20 J. 20 | Email Address |
| License # | | |
| Description of Work | Mechanical/HVAC Contractor In | formation |
| Allen Kelly + 1 Mechanical Contractor's Co | (4.2. | - Simation |
| Mechanical Contractor's Co | ornpany Inc. | 019-274 1127 |
| 220 A MUM (| Ld. Paleigh, NC 271003 | 919-779-4197 Telephone |
| Address | 1 railign, NC 21003 | mitnel. Reallenkelly, com |
| 07049. | | Email Address |
| | | |
| Description of Work | Plumbing Contractor Informa | tion |
| | | # Baths |
| Plumbing Contractor's Compa | any Name | |
| Address | | Telephone |
| Address | | |
| License # | | Email Address |
| | Insulation C | |
| neulation C | Insulation Contractor Information | <u>on</u> |
| Insulation Contractor's Compa | ny Name & Address | |
| | | Telephone |
| *NOTE: General Contract | 4 1 | |

*NOTE: General Contractor / owner 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, changes 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.

OS 08 200.

| Affidavit for Worker's Compensa | tion N.C.G.S. 87-14 |
|--|---|
| a still a sit for Worker's Compensa | tion w.o. |
| Affidavit for Work | |
| e undersigned applicant being the: General Contractor Owner Owner Office | at of the Contractor or Owner |
| e undersigned Office | r/Agent of the com |
| General Contractor Owner | or corporation(s) performing the work |
| General Services that the person(s) | , firm(s) or corporation(7) |
| the confirm under penaltics of perjury that the penaltics of pe | |
| General Contractor Owner Office Ohereby confirm under penaltics of perjury that the person(s) office office Owner Office | eastion insurance to cover them. |
| of lotti in are be | kers' compensation |
| (3) or more employees and has obtained | reaction insurance to cover |
| Has three (3) of the | d workers' compensation in a series |
| Has three (3) or more employees and has obtained world Has one (1) or more subcontractors(s) and has obtaine | |
| Has one (1) of files | Lampensation insurance |
| hem. | wn policy of workers compensation |
| (4) as more subcontractors(s) who has then o | •••• |
| Has one (1) or more subcontractors(s) who has their of | |
| covering themselves. | actors. |
| amployees and no subcome | actoristing and parmitting |
| While working on the project for which this permit is sought it Department issuing the permit may require certificates of covered to the permit and at any time during the permit and at any time | is understood that the Central Permission insurance prior |
| While working on the project for which this permit is sought to Department issuing the permit may require certificates of control to issuance of the permit and at any time during the permitted to issuance out the work. | orage of worker's compensation insuration |
| While working on the project for which was require certificates of covered the contract of the | dwork from any person, firm or corporation |
| Department issuing the permit may time during the permitte | a work now - > |
| | Date: 05/08/2020 |
| carrying out the work. Sign w/Title: Aputull, Ray. | Date: 05/08/2020 |