Harnett COUNTY NORTH CAROLINA

Application # <u>BRFS1812</u>. 0027

Each section below to be filled out by whomever performing work! Must be owner or licensed contractor. Address, company name & phone must match information on license!

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548
910-893-7525 Fax 910-893-2793 www.hamett.org/permits

Application for Residential Building and Trades Permit

on on incerise.	
Owner's Name: COREY + Michelle Frye	
Owner's Name: COREY + Michelle Frye Site Address: 186 NNights Estates Circle Fuggay VARIA	v <u>A NGR7521.</u> Phone: <u>(9/9) 656-883</u>
Subdivision:	Lot:
Description of Proposed Work: 24'x 24' CARPORT W/ B	Preezeway:
General Contractor Information	on /
William WADE YUNGANNON	(919) 427-6745
Building Contractor's Company Name	Telephone
William WADE VUNICANNON Building Contractor's Company Name Idl PARKER DRIVK Fugury VARIAR, No. 27526 Address	WADE, VUNCANNON DOME! 1 . C.
Address	Email Address
<u>7347</u>	ı
License # Electrical Contractor Informat	ion .
Description of Work Service Size	e:Amps T-Pole: TYes No
,	6919) 390-9954
Electrical Contractor's Company Name	Telephone
Joseph Michael Fredley	•
Address / / .	Email Address
<u> 32169</u>	•
License #	
Mechanical/HVAC Contractor Infor	<u>rmation</u>
Description of Work	<u> </u>
Washardad Onder Andrews N	
Mechanical Contractor's Company Name	Telephone
Addrono	Pro-2 Address
Address	Email Address
License #	
Plumbing Contractor Informat	lion
Description of Work	# Baths
	Tr Duals
Plumbing Contractor's Company Name	Telephone
	,
Address	Email Address
	•
License #	_
Insulation Contractor Informat	<u>tion</u>
N/A	· · · · · · · · · · · · · · · · · · ·
Insulation Contractor's Company Name & Address	Telephone

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, 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!

Allun Wade Number 1970 Signature of Owner/Contractor/Officer(s) of Corporation	12/21/18
Signature of Owner/Contractor/Officer(s) of Corporation	Date

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 penjury 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.	
Sign w/Title: William Wade Vuvsavaon Date: 12/21/18	