Harriett Columbia North CAROLINA

Application # <u>eles 1907.0</u>035

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 27546
910-893-7525 Fax 910-893-2793 www.hamett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Donald Bullin	Date: 7/2/19
Site Address: 196 Huntington Dr. Dunn	NC 28 334 Phone: (916) 369-42
Subdivision:	Lot:
Description of Proposed Work: Install one new 27%	ew generator ul a zero amp trans
General Contractor	Information Electrical
Building Contractor's Company Name	Telephone
Address	Email Address
Address	Enfait Address
License #	
Electrical Contractor	r Information
Description of Work 22Kw gon w a 200 and \$100 Se	ervice Size: ZBB Amps 1-Pole: 1 Yes 1 N
Progressive Electrical Service Electrical Contractor's Company Name	919 - 325 - 6/80 Telephone
110 Forture Way Raleigh NC 27617	Telephone Thermonderlopez @ Call Email Address
Address	Email Address
, 100.000	
U. 17671	
<u>U. 17671</u> License #	
License #	actor Information
License # Mechanical/HVAC Contra	actor Information
License # Mechanical/HVAC Contra Description of Work	actor Information
License # Mechanical/HVAC Contra Description of Work Mechanical Contractor's Company Name	actor Information Telephone
License # Mechanical/HVAC Contra Description of Work Mechanical Contractor's Company Name	actor Information
Mechanical/HVAC Contra Description of Work Mechanical Contractor's Company Name Address	actor Information Telephone
Mechanical/HVAC Contra Description of Work Mechanical Contractor's Company Name Address License #	Telephone Email Address
Mechanical/HVAC Contra Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor	Telephone Email Address
Mechanical/HVAC Contra Description of Work Mechanical Contractor's Company Name Address License #	Telephone Email Address
Mechanical/HVAC Contra Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor	Telephone Email Address
Mechanical/HVAC Contra Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Description of Work	Telephone Email Address r Information # Baths
Mechanical/HVAC Contra Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Plumbing Contractor Plumbing Contractor	Telephone Email Address r Information # Baths
Mechanical/HVAC Contra Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Plumbing Contractor Address Address	Telephone Email Address r Information # Baths Telephone
Mechanical/HVAC Contra Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Plumbing Contractor Address License # Address License #	Telephone Email Address Telephone # Baths Telephone Email Address
Mechanical/HVAC Contra Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Description of Work	Telephone Email Address Telephone # Baths Telephone Email Address

*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.

Signature of Owner/Contractor/Officer(s) of Corporation

Date

ACC 115 115 1 1 1 1 1 1 1	
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 <u>Department issuing the permit may require certificates of coverage of worker's compensation insurance prior</u>	
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 Carellemender Josen Permit Administrator Date: 7/1/19	