

Application # BRESDOW - OOK

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

* 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.

	Ap	plication	for	Residential	Building	and	Trades	Permit
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on on license.	_ / 1
Owner's Name: MIGHAEL SIEGLE	Date: 2/16/20
Site Address: 248 HOBBY RD., HOLLY SPRINGS, NO	(27540 Phone: 919-207-988)
Subdivision:	Lot: #2
Description of Proposed Work: DETACHED GARAGE	Total Job Cost: 30,000.00
General Contractor Information	
, Eagle carports	8005798589
Building Contractor's Company Name	Telephone
Address	
Address	Email Address
License # Electrical Contractor Information	an .
Description of Work Service Size:	
OWNER	
Electrical Contractor's Company Name	Telephone
Address	Email Address
License #	2.4
Mechanical/HVAC Contractor Inform	nation
Description of Work	
11 12 1 1 1 2	Tillian
Mechanical Contractor's Company Name	Telephone
Address	Email Address
Address	Email Address
License #	
Plumbing Contractor Information	<u>on</u>
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
	relepitorie
S Someon C Son Paris, I Mario	relephone
Address Address	Email Address
Address License #	Email Address
Address	Email Address
Address License #	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 bysigning-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.

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.

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						
Sign w/Title: Messas State Date: 2/10/20						