

Application # RYES 2007 - 0032
EVES 2002 - 003 &

* 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.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Fran C Dossoy	Date: 2-24-2026
Site Address: 259 Bedford Rd Sprins Lylee	
Subdivision:	Lot:
Description of Proposed Work: Covered Patio	Total Job Cost:
General Contractor Informa	
All American General Contractors Building Contractor's Company Name	9/0 3/3-0/77 Telephone
Address Cir Papetti. Ne 25306	Deffery Cracky ash rawally. Email Address
F1191	
License # Electrical Contractor Informa	ation
Description of Work Cun wiring for prove Service Size	ze: Amps T-Pole: Yes No
Zins Eledric	910 527 9404
Zip- Electrical Contractor's Company Name	Telephone
Address	Email Address
2/1/9	
License # Mechanical/HVAC Contractor Info	ormation
	Transfer and the second of the
Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
Lineary #	
License # Plumbing Contractor Informa	tion
Description of Work	100 m
	,, David
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License #	· ·
Insulation Contractor Information	tion
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 bermits 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

Affide vit for Werker's Companyation N.C.C. 97.44	
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:	