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Hamett County Central Permitting

Application #

0188-989-616 Insulation Contractor Information conford. con Final Address Kwan Bexerutive plumbing Plumbing Contractor's Company Name 88113-809-618 Milliamy J suled # Plumbing Contractor Information License # woo Email Address + V24 your W22/1520 Lelephone Mechanical/HVAC Contractor Information LICENSE # H & Electrical Email Address ten cak de Apt la Carythe 37513 olog-T sqmA 66 Bell electrical Contractor Information # asugai7 2000 Tring & CHYNY dt April 2000 General Contractor Information Total Job Cost , 29, 450 Application for Residential Building and Trades Permit SALVENIA OF SEASONS STATES

Insulation dontractor's Company Name & Address

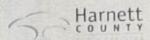
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inder this Agreement of



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 bermission to obtain those 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

C 155 Contractor Agreement 5-15, Pp. 1

3-18-2021 Date

	for Worker's C	Compensatio	n N.C.G.S.	87-14
The undersigned applicant being	the:			
General Contractor _	Owner	Officer/Ag	gent of the Co	ntractor or Owner
Do hereby confirm under penaltie set forth in the permit:	s of perjury that th	ne person(s), firr	n(s) or corpor	ation(s) performing the work
Has three (3) or more emp	loyees and has of	btained workers	compensation	n insurance to cover them.
them. Has one (1) or more subco	intractors(s) and h	nas obtained wo	rkers' comper	nsation insurance to cover
Has one (1) or more subcocovering themselves.	intractors(s) who t	has their own po	olicy of worke	rs' compensation insurance
Has no more than two (2)	employees and no	subcontractors	S.	
While working on the project for w Department issuing the permit ma to issuance of the permit and at a carrying out the work.	y require certifica	ites of coverage	e of worker's	compensation insurance pri
Sign w/Title: Phillip hay	ford/	ownes	of	_ Date: 3-19-203
	/ VI	nus to	hlhan	J T 100 1 1
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