

Application # _	

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/occupier or licensed contractor. Address, company name & phone must match information on license. information

Application for Residential Building and Trades Permit

Application for Residents: Application for Residents: Owner's Name: Site Address: Site Address: Description of Proposed Work: Description of Proposed Work: Building Contractor's Company Name Application for Residents: Day Day Day Day Day Day Day Da	19-796-041Z
Description of Proposed Work: General Contractor Information Telephone Telephone	9-196-0
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Description of Proposed Work: General Contractor Information Telephone Telephone	
Description of Proposed Work: General Contractor Information Telephone Telephone	
Telephone	
Telephone	
toster's Company Name	
Building Contractor's Company Name	
Building Communication Email Address	
Email	
Address GARAGE SQ FT	
Address HEATED SQ FT GARAGE SQ T	
License # Electrical Contractor Information Description of Work electrical recornect Service Size: Amps T-P Telephone	ole:YesNo
recorrect Service Size:	7405
Chris Davis Company Name Chris Davis Company Name Telephone	CAROLES -
10 - Davis Coarras	
Electrical Contractor's Company Name Electrical Contractor's Company Name Email Address	
Electrical Contractor's Company Name 201 Winwood Dr. Carger 27501 Email Address	
Address	
License # Mechanical/HVAC Contractor Information	
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Description of Work Telephone	1357
Telephone	
Mechanical Contractor's Company Name	THE RESIDENCE OF THE PARTY OF T
Email Address	5
Address	
License # Plumbing Contractor Information	
Description of Work# Batris	
Telephone	
Plumbing Contractor's Company Name	
Email Addre	SS
Address	
License # Insulation Contractor Information	
III SUIMING I S S	642
Telephone	
Insulation Contractor's Company Name & 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 number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use any and all changes.

Expired Permitting Department of

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

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
General ContractorOwnerOfficer/Agent of the Contractor or OwnerOhereby 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 coverHas one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance overing themselves.
Has no more than two (2) employees and no subcontractors.
chile working on the project for which this permit is sought it is understood that the Central Permitting issuance of the permit and at any time during the permitted work from any person, firm or corporation
gn w/Title: