#	Application
Harnett County Central Perr 420 McKinney Pkwy Lillington, NC 2 PO Box 65 Lillington, NC 2754 910-893-7525 ext. 1 Fax 910-893-2793 www.f	27546 6
Application for Residential Building an	d Trades Permit
Owner's Name: Lance Sandler	
Date 2-17-2022	
Site Address: 344 Windy Farm	Nn. Phone
518 860 4789 Subdivision: Yrunnow t	% 18 Lot 12
Description of Proposed Work: fleattucker	∠Total Job
Cost 24,080.00	
Porch Conversion of Raligh	9196374466
Sou Charles Children	leigh NC 27403
Address porch conversion of natural NA	gh@gm&ij Com Email Address NA
License # Electrical Contractor Inform	nation
	rvice Size:Amps T-Pole:
Rupp Electrical out li	9197202476
Flectrical Contractor's Company Name POBOX 5452 CMy 273	512 Mectric nupp @
Address 19074-L	Email Address gmail. Co.
License # Mechanical/HVAC Contractor I	nformation
Description of Work	

Mechanical Contractor's Company Name

Address

Telephone

Email Address

Plumbing Contractor's Company Name Telephone Address Email Address License # Insulation Contractor Information 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 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. Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	License #		
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The undersigned applicant being the:			
The undersigned applicant being the:			
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General Contractor Owner Officer/Agent of the	·		
	Caparal Contractor Owner	Officer/Agent of the	
Contractor or Owner		_ Officer/Agent of the	
		4 2 11 20 20 20 20	
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:		rm(s) or corporation(s)	

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.
X 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: Date: 2/17/2022