

Application #

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.hamett.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.

**Application for Residential Building and Trades Permit** 

Owner's Name: Danhine Avenu	Date: 10112122
Site Address: also Barclay Dr. Praier NC. 8	7501 Phone: 919-522-1951
Subdivision:	Lot
Description of Proposed Work: Installing a 22 Kes gener Change & gas piping to general Contractor Information	ator, 200 ann ATS, son lice
Building Contractor's Company Name	Telephone
Address	Email Address
License #	
Electrical Contractor Informatio	<u>.</u>
Description of Work Installing 20 KD apperator Service Size:	Amps T-Pole: Yes No
Electrical Contractor's Company Name	99-467-8001 Ext 313 Telephone
7505 Spygloss way Roleigh NC 27615	Onu@alternative Joser.com Email Address
2911do	
License #  Mechanical/HVAC Contractor Inform	ation
Description of Work as piping to generator	ation
Betting Flectic	919-467-9417
Mechanical Contractor's Company Name	Telephone
1000 Northgate Ct. Munisuille NC 27560 Address	any abitting electric con Email Address
33889	
License #  Plumbing Contractor Information	
Description of Work	# Baths
	# Datis
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License # Insulation Contractor Information	1
Insulation Contractor's Company Name & Address	Telephone

\*NOTE: General Contractor / owner must fill out and sign the second page of this application.

Signature of Owner/Contractor/Officer(s) of Corporation



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.

10/12/23 Date

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.	
I las 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: Linx Statuth Date: 10/12/32	