Harnett Comment of the state of

\* 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. Application #

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

| ion on license.                                     | 1 / 2                                     |
|---|---|
| Owner's Name (7AL) (LEKNER                          | Date: 6-1-73                              |
| Site Address 13+1 Cobb Ro                           | Phone: 815-558-2039                       |
| Subdivision:  | Lot:Lot:                                  |
| Subdivision:  | Total Job Cost: 77                        |
| General Contractor Information                      | on  |
| CTLIZZIJ STEE STRUCTURES                            | 736-310-1397                              |
| Building Contractor's Company Harris                |   |
| 8/3 WPINE ST UNIT #10 ME AIR NC<br>Address +1030    | Grizely Street tructures, Com             |
| Address 77030                                       | Ellan Address                             |
| HEATED SQ FT GARAGE S                               | 50 F1 600                                 |
| Electrical Contractor Informati                     | ion — — — — — — — — — — — — — — — — — — — |
| Description of Work Service Size                    | Amps T-Pole:YesNo                         |
| Electrical Contractor's Company Name  Cary Cleckner | Telephone                                 |
| Electrical Contractor's Company Name                | relephone                                 |
| Address   | Email Address                             |
| 71001000  |   |
| License #   |   |
| Mechanical/HVAC Contractor Infor                    | mation                                    |
| Description of Work                                 |   |
| Mechanical Contractor's Company Name                | Telephone                                 |
| Weethanical Contractor's Company Name               | , otopitotto                              |
| Address   | Email Address                             |
|   |   |
| License #   |   |
| Plumbing Contractor Information                     |   |
| Description of Work                                 | # Baths                                   |
| Plumbing Contractor's Company Name                  | Telephone                                 |
|   | relephone                                 |
| Address   | Email Address                             |
| License #   |   |
| Insulation Contractor Information                   | on  |
|   | 211                                       |
| Insulation Contractor's Company Name & Address      | Telephone                                 |

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



7. 李老是天皇五五天子 经放出 由 4.

is as per current fee schedule.

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 contractors is correct as known to me and that by signing below I have obtained all subcontractors contractors is correct as known to me and that by signing below I have obtained all subcontractors contractors is correct as known to me and that by signing below I have obtained all subcontractors contractors is correct as known to me and that by signing below I have obtained all subcontractors contractors is correct as known to me and that by signing below I have obtained all subcontractors contractors is correct as known to me and that by signing below I have obtained all subcontractors contractors is correct as known to me and that by signing below I have obtained all subcontractors contractors is correct as known to me and that by signing below I have obtained all subcontractors contractors is correct as known to me and that by signing below I have obtained all subcontractors contractors is correct as known to me and that by signing below I have obtained all subcontractors contractors is correct as known to me and that by signing below I have obtained all subcontractors contractors is correct as known to me and that by signing below I have obtained all subcontractors contractors.

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