

Application #\_\_\_\_\_

Harnett County Central 420 McKinney Pkwy Lillingto	on, NC 27546
PO Box 65 Lillington, N 910-893-7525 ext. 1 Fax 910-893-2793	
Application for Residential Buildi	ing and Trades Permit
]	Date
	Phone
	Lot
sed Work:	Total Job Cost
General Contractor In	nformation
Company Name	Telephone
	Email Address
HEATED SQ FT G/	ARAGE SQ FT
Electrical Contractor I	
Ser	vice Size:Amps   T-Pole:Yes
s Company Name	Telephone
	Email Address
Mechanical/HVAC Contrac	
pr's Company Name	Telephone
	Email Address
Plumbing Contractor I	Information
	# Baths
s Company Name	Telephone
	·
	Email Address
Insulation Contractor I	Information
	PO Box 65 Lillington, N 910-893-7525 ext. 1 Fax 910-893-2793 Application for Residential Build sed Work:



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 <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> 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.

is

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 Offic	er/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 wor	kers' compensation insurance to cover them.	
Has one (1) or more subcontractors(s) and has obtained them.	workers' compensation insurance to cover	
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:	