

strong roots - new growth

CentralPermitting@Harnett.org (910) 893-7525 ext:1 420 McKinney Pkwy (physical) PO Box 65 (mailing) Lillington, NC 27546

## RESIDENTIAL BUILDING APPLICATION

Erezin UC Site Address: 207 Cedar Wood Dr. 26339 Owner: Constance Lewis Phone: Description of Proposed Work: Rebuild from Circ 1055 Total Job Cost: D **GENERAL CONTRACTOR INFORMATION** \* Must be owner or licensed contractor. Address, company name & phone must match information on license. General Contractor's Company Name Foretteville NC 78301 License # **ELECTRICAL CONTRACTOR INFORMATION** Description of Work: Temp Pole/Full rough in to trim Service Size: N/A Amps T-Pole: YES NO -'S Electric Electrical Contractor's Company Name License # MECHANICAL/HVAC CONTRACTOR INFORMATION Description of Work: Remove + Reproce Ductourte, Check Mechanical Contractor's Company Name Eastoner Address 17439 1+2-1+3 License # 27413 SP-PH PLUMBING CONTRACTOR INFORMATION Description of Work: Cap of water lines, Reset Fixtures once repairs counter # of Fixtures: 10 Plumbing Contractor's Company Name Address 91K4-P1

## **INSULATION CONTRACTOR INFORMATION**

Insulation Contractor's Company Name

License #

910-484-718 Phone



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule. Signature of Owner/Contractor/Officer of Corporation 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 Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit: Has 3 or more employees and has obtained workers' compensation insurance to cover them, Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them, Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves. Has no more than 2 employees and no subcontractors, While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work. Signature of Owner/Contractor/Officer of Corporation