

Application # MUS 2003-0064

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.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

informati	on on Ilcense:	Date: 3/27/2020
	Owner's Name: SECU	Sec. 11 (1997)
	Site Address: 830 Montaque Rd	Phone: <u>919-275-3326</u>
		Lot N/A
	Description of Proposed Work:	Total Job Cost: 4,480
	General Contractor Information	
	Building Contractor's Company Name	Telephone
		F
	Address	Email Address
	License # Electrical Contractor Information	1
	Description of Work Peplace Both Hvac sys. Service Size:	Amps T-Pole:YesNo
0/	dismakers Heating & dir	919-878-8800
.17.0	Electrical Contractor's Company Name	Telephone
100	5420 Old Poole Rd	Kirsten @ diamakers.com
	Address	Email Address
	19-631	
	License # Mechanical/HVAC Contractor Inform	ation
	Description of Work Deplace both Hvac systems	99-878-8800
	Mechanical Contractor's Company Name	Telephone
/	5420 Old Poole Rd	Kirsten @diomakers.com
V	Address RA	Email Address
	989	
	License #	-
	Plumbing Contractor Informatio	
	Description of Work	_# Baths
	Plumbing Contractor's Company Name	Telephone
	Address	Email Address
		*
*	License # Insulation Contractor Information	<u>on</u>
	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.

Signature of Owner/Gentractor/Officer(s) of Corporation	3/27/202d
e e	

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
Sign white: