

Application # DESZOL 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

ion on license.		
Owner's Name:	ionas D'Anico	Date: 11 30 20
Site Address: 83	Green Level DRIVE	Phone: 10-226-480)
Subdivision:		l ot:
Description of Propose	ed Work: Change out 15++2	
	General Contractor Inform	()00
	Gilleral Contractor Inform	iation of
Building Contractor's (Company Name	Telephone
Address		Email Address
License #		
	Electrical Contractor Inform	mation
Description of Work	hally Collect	0. 0
HILLE BORT	s reating oring tio.	919-890-7789
Electrical Contractor's	Cempany Name	
Kuport	Keed	ligilation & Salticates Con
Address		Email Address
244982	<u></u>	
License #	Machanian/IIIVAC Contractor I	
Danielie - 100 (Mechanical/HVAC Contractor II	nformation
Description of Work		
HIL Export	5 Heating Cooling Tie	919-890-7789
Mechanical Contractor	s Company Name	Telephone
Therpold	Keed	isc. lehmon Cyberreaports con
Address 53CC		Email Address
License #	_	
LICCIISC #	Plumbing Contractor Inform	mation
Description of Work	The state of the s	
		# Baths
Plumbing Contractor's	Company Name	Tolonhana
	osmpany Hame	Telephone
Address		Email Address
License #	_	
	Insulation Contractor Inform	mation
Inculation Contractor's	Company Nov. B Add	
modiation Contractors	Company Name & Address	Telephone

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

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 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

Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: General Contractor 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, Sign w/Title: