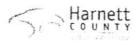


Application #\_ Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.hamett.org/permits \* Each section below to be filled out by whomever performing work. Must be awner/loccupier or licensed contractor. Address, company name & phone must match information on license.

phone must match ion on license.	Application for Resid	dential Building and Tr	ades Permit
Owner's Name:	Keyin + Jessica	Byrd	Date: 132027
Site Address: 56=	t or a winn Rd	Lillington Nr	, 27546 hone: 919 - 890 - 7734
Subdivision:	- Constitution of the Cons	3 ,	Lot: Tract 2
Description of Propos	ed Work:		Lot: <u>Trac+ 2</u> _Total Job Cost: <u>\$</u> 28, 375. ∞
	General	Contractor Information	
Ben Linth	Cum		
Building Contractor's	Company Name		919-669- 9713 Telephone
4236 Lands	sburg Drive Ra	leigh, No 27403	ben@capitolpools.com Email Address
N/A License #	HEATED SQ F		Construction of the Constr
Description of Work		Contractor Information Service Size:	Amps T-Pole: Yes No
VOIT DOCTORS	of Rakigh		919-618-2336
5300 Atlan Address	HIC Ave. Suite J	- Ratigh, NL	27 603 NIA Email Address
269155F. License#	D		
		VAC Contractor Inform	ation
Description of Work			
capital f	Plum bing or's Company Name	many control of the same of th	919-783-5525
Mechanical Contracto	or's Company Name	Detriet	Telephone
Address	s of Neuse Rd	Kareigh, NC 2	7619 NIA
20157			Email Address
License #	Manual Control of the		
	Plumbing	Contractor Information	2
Description of Work _			# Baths
Disable a Contract			
Plumbing Contractor	s Company Name		Telephone
Address			Email Address
License #			
	Insulation	Contractor Information	<u>n</u>
Insulation Contractor	s Company Name & Addre	SS	Telephone
*NOTE: Genera	Contractor / owner mus	t fill out and sign the s	econd page of this application.
	strong roo	ots • new growth	



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.

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/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.
Sign w/Title: Efreell a heye Date: 1/13/2022