

Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. Application #

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

WRINOS Date 12/8/22
Phone 978-995-0891
Lot N/A
Total Job Cost \$ 44,000
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919 624 8943
Telephone
Nate ben sen 1230 gr
Email Address
QFT
on Amps T-Pole: Yes No
919 427 1279
Telephone
Email Address
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910 242 2941
Telephone
Email Address
TOTAL PRODUCTION OF THE PRODUC
<u>ion</u>
Baths
01 0
910 527 4741
Telephone
Email Address
tion
919 624 8943

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

strong roots · 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 | have obtained all subcontractors-bermission to obtain these permits and if <a href="mailto:ang-below | ang-below | have obtained all subcontractors-bermission to obtain these permits and if <a href="mailto:ang-below | ang-below |

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

12/16/22 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: Date: 17/16/22	