

	Application #		
	Harnett County Central Pe		
e owner/occupier or			
l contractor. Address, y name & phone must	910-893-7525 ext. 1 Fax 910-893-2793 ww	vw.harnett.org/permits	
formation on license.			
	Application for Residential Building	and Trades Permit	
Owner's Name: <u>Marjie Hill</u>		Date _ <u>08/30/20</u>	
Site Address: <u>62 ken ln Fuqua Varina, NC 27526</u>		Phone (<u>910)985-027</u> 4	
Subdivision:		Lot	
Description of Proposed Work:			
	General Contractor Infor		
Building Contractor's	Company Name	Telephone	
Address		Email Address	
	HEATED SQ FT GARA	AGE SQ FT	
License #	Flectrical Contractor Info		
Description of Work r	<u>Electrical Contractor Info</u> <u>reconnect high and low</u> Service	e Size: Amps T-Pole: Yes I	
voltage on the condenser unit Electrical Contractor's Company Name		<u>(919)4481220</u> Telephone	
		·	
Address		<u>triangleacr@gmail.com</u> Email Address	
32328			
License #			
	Mechanical/HVAC Contractor	Information	
Description of Work _c	condenser unit change out		
Mechanical Contracto	or's Company Name	Telephone	
<u>NC Air Services L</u>	LC	ncairservices@gmail.com	
Address		Email Address	
<u>35850</u> License #			
License #	Plumbing Contractor Info	ormation	
Description of Work			
Description of Work_		<u> </u>	
Plumbing Contractor's Company Name		Telephone	
	· · · · · · · · · ·		
Address		Email Address	
License #			
	Insulation Contractor Info	ormation	
	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 <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> 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.

	- 6 Months to 2 years permit re-issue fee is \$150.00.	After 2 years re-issue fee
is as per current fee sehe		



Signature of Owner/Contractor/Officer(s) of Corporation

08/30/2023

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
General Contractor Owner Officer	r/Agent of the Contractor or Owner	
Do hereby confirm under penalties of perjury that the person(s), set forth in the permit:	firm(s) or corporation(s) performing the work	
Has three (3) or more employees and has obtained worke	ers' compensation insurance to cover them.	
Has one (1) or more subcontractors(s) and has obtained them.	workers' compensation insurance to cover	
Has one (1) or more subcontractors(s) who has their own covering themselves.	policy of workers' compensation insurance	
Has no more than two (2) employees and no subcontract	ors.	
While working on the project for which this permit is sought it is a Department issuing the permit may require certificates of covera to issuance of the permit and at any time during the permitted we carrying out the work.	ge of worker's compensation insurance prior	
Sign w/Title:	Date:	