

I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

WKn	6 months to 2 years re-	_	After 2 years re-issue fee is 10/287	as per current fee schedule.
	Affidavit for Wo	orker's Compens	ation N.C.G.S. 87-14	
The undersigned applicant	being the:			
General Contracto	owner	Officer/Agent	of the Contractor or Owner	
Does hereby confirm under permit:	penalties of perjury tha	t the person(s), firm(s	s) or corporation(s) performing	ng the work set forth in the
Has 3 or more emplo	yees and has obtained	workers' compensat	on insurance to cover them,	
Has 1 or more subco	entractors and has obtain	ined workers' compe	nsation insurance to cover th	em,
Has 1 or more subco	ontractors who has their	own policy of worker	s' compensation insurance of	covering themselves,
Has no more than 2	employees and no subc	contractors,		
While working on the project the permit may require certi out the work prior to issuance	ficates of workers' comp	pensation insurance		rm, or corporation carrying
Signature of Owne	r/Contractor/Officer of C	Corporation	/ 18 / 28 / Date	2025