

\* 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 # BISES 1901-0050
Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

MRES 1903-0004

Application for Residential Building and Trades Permit

PRESI 903-0002 TRES 1903-0001

Owner's Name: Robert Agren Long	Date:Date:
Site Address: 35 Henry Rifle Lane Angier NC 2-1501 Phone: 919-333-6215	
Subdivision: Hunter's Paint  Description of Proposed Work: Internal walls, Bethroom	HVAC, Elcetric
General Contractor Information	
Robert Long	
Building Contractor's Company Name	Telephone
Address	Email Address
Address	Email Address
License #	
Description of Work Wisson Size:	Mars T Pole: Vos No
Description of Work Wising 2nd floor Service Size: Common Ground Electric	919-478-3092
Electrical Contractor's Company Name	Telephone
co	Email Address
	Email Address
<u>5FD 32654</u> License #	
Mechanical/HVAC Contractor Information	
Description of Work 7 vents, air handler, exturior	unit.
Robert Long	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License #	
Plumbing Contractor Information	
Plumbing Contractor Information	<u>n</u>
	_
Description of Work Adding tolict, sink, shower	_
	_
Description of Work Adding toliet, sink, shower  Robert Lang	# Baths
Plumbing Contractor's Company Name  Address	# Baths
Plumbing Contractor's Company Name	# Baths Telephone Email Address
Plumbing Contractor's Company Name  Address  License #	# Baths Telephone Email Address

\*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 <a href="bysigning-below-I have obtained all subcontractors">bysigning-below I have obtained all subcontractors</a> permission to obtain these permits and if <a href="mailto:any">any</a> 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 is as per current fee schedule.

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 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: 1/3/1/9