



Pre22001-0019
Bres2001-0045
Eres2001-0049

Application #

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

* 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 for Residential Building and Trades Permit

Owner's Name: Adan Ruiz Lopez Date: 1/27/2020
Site Address: 178 Kinton Farm Rdg Fuquay Varina Phone: (919) 827-3354
Subdivision: Olive Branch Lot: ~~107A~~ 35
Description of Proposed Work: Addition / Garage Total Job Cost: \$39,000

General Contractor Information

Adan Ruiz Lopez (home owner) (919) 827-3354
Building Contractor's Company Name Telephone
178 Kinton Farm Rdg Fuquay Varina Jennifer-Ruiz Flores@aol.com
Address Email Address
N/A

Electrical Contractor Information

Description of Work Garage Service Size: normal Amps T-Pole: Yes No
Adan Ruiz Lopez (home owner) (919) 827-3354
Electrical Contractor's Company Name Telephone
178 Kinton Farm Rdg Fuquay Varina Jennifer-Ruiz Flores@aol.com
Address Email Address
N/A

Mechanical/HVAC Contractor Information

Description of Work _____
Mechanical Contractor's Company Name N/A Telephone _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work Garage # Baths 1/2 bath permit later
Adan Ruiz Lopez (home owner) (919) 827-3354
Plumbing Contractor's Company Name Telephone
178 Kinton Farm Rdg Fuquay Varina Jennifer-Ruiz Flores@aol.com
Address Email Address
N/A

Insulation Contractor Information

Adan Ruiz Lopez (home owner) (919) 827-3354
Insulation Contractor'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 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.

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.

Adam Ruiz Lopez
Signature of Owner/Contractor/Officer(s) of Corporation

01/27/2020
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: Adam Ruiz Lopez

Date: 01/28/2020