

Application # _

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

Application for Residential Building and Trades Permit

n on license.	Date: 5/5/202/
Owner's Name: Hillary Trei	
Site Address: 26/ Habby Rd.	Phone: 9/93461528
Subdivision:	Lot: 5
Description of Proposed Work: Finish Boinus Room, Storag	re, 19athroom
Building Contractor's Company Name	919 346 1528 Telephone THPHOMES@GMAIL.COM
Address 77019 License #	Email Address
Description of Work Vice New Home Service Size: NEC Pawer Electrical Contractor's Company Name 117 Wild Blassam Dr. Apex, NC	200 Amps T-Pole: X Yes \(\infty\) No \(\frac{919 608}{3826}\) Telephone \(MNICLAUC@ NECFONER, COM\) Email Address
Address 28370U License# Mechanical/HVAC Contractor Inform	
Description of Work HVAC New Home TC's Heating & Air Mechanical Contractor's Company Name 1539 Wade Stephenson Holly Springs, NC Address HV312655	9/9 552 3053 Telephone TCSHVACE 6MAIL. COM Email Address
License # Plumbing Contractor Informati	ion
Plumbing Contractor's Company Name 2428 Relience Ave, Apex MC Address	# Baths
Stephens Swiding Products Insulation Contractor's Company Name & Address Insulation Conference Porkway, Raleigh, NC	Telephone ne 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.

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

5/5/2021

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: Sum Whe Operations Manager Date: 5/5/2021