



Application # \_\_\_\_\_

Harnett County Central Permitting  
420 McKinney Pkwy Lillington, NC 27546  
PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: Alain Camejo Date 08/19/2021  
Site Address: 45 IRIS BRYANT RD Phone 7865089501  
Subdivision: South Erwin Lot 9-14  
Description of Proposed Work: Remodeling House Total Job Cost \$26.300

**General Contractor Information**

PROJEKT AVELLANEDA CORP 7865089501  
Building Contractor's Company Name Telephone  
94 Mallard loop Dr, Clayton NC 27527 Alain@projektn.com  
Address Email Address  
HEATED SQ FT 1.116 GARAGE SQ FT 300

License #

**Electrical Contractor Information**

Description of Work: New wiring and electrical panel installation Service Size: \_\_\_\_\_ Amps T-Pole: Yes  
No

Sine wave Electric LLC 9194826400  
Electrical Contractor's Company Name Telephone  
5513 BELL CAMP CT RALEIGH, NC 27610 svaldez@sinewaveelec.com  
Address Email Address

License #

**Mechanical/HVAC Contractor Information**

Description of Work Install a new A/C Unit  
Emerson Dagoberto, Lopez 919-348-3243  
Mechanical Contractor's Company Name Telephone  
6849 WOODTRACE DR, WENDELL NC, 27591 Emejia00498@gmail.com  
Address Email Address

35044  
License #

**Plumbing Contractor Information**

Description of Work Replace old Pipe, and installs a new pipe for the new bathroom  
# Baths 2

MGS PLUMBING INC 919-390-5801  
Plumbing Contractor's Company Name Telephone





113 King William Rd Raleigh, NC 27610  
Address

msgplumbingnc@gmail.com  
Email Address

35118  
License #

**Insulation Contractor Information**

PROJEKT AVELLANEDA CORP / 94 Mallard Loop Dr, Clayton NC 27527  
Insulation Contractor's Company Name & Address

786-508-9501  
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.

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

09-01/2021

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:

Date: 09/01/2021