Application

Harnett County Central Permitti 420 McKinney Pkwy Lillington, NC 2754 PO Box 65 Lillington, NC 27546 910-893-7525 ext. 1 Fax 910-893-2793 www.harne	6
Application for Residential Building and T	rades Permit
Owner's Name: William Luciano Date	12/15/2021
Site Address: 360 Cross Link Dr Angier Nc 27501 Phone 6	
Subdivision: Cross Link	Lot 3
Description of Proposed Work: Metal shop bldg Total Job	Cost \$35K
General Contractor Informati	<u>on</u>
Bledsoe Construction Services	(331) 258-2107
Building Contractor's Company Name	Telephone
137 Forest Lane State Road, NC 28676	brad@bledsoeconstructionservices.net
Address	Email Address
75827 HEATED SQ FT GARA	AGE SQ FT 1230s; 2
License #	tion
Description of Work In Stall Supposed Service S	ize: @ Amps T-Pole:Yes
No	
Hore obne	246
Electrical Contractor's Company Name	Telephone
	= "
Address	Email Address
License #	
Mechanical/HVAC Contractor Info	<u>rmation</u>
Description of Work fastall of Split unit	
Home our	a ~ s
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License #	
Plumbing Contractor Information	tion
Description of Work Fastall of 72 bath	# Baths
Horeame	and
Plumbing Contractor's Company Name	Telephone

Address	Email Address
License # Hore owner Insulation Contractor Information	ation as-6
Insulation Contractor's Company Name & Address	Telephone
*NOTE: General Contractor / owner must fill out and application.	sign the second page of this
I hereby certify that I have the authority to make necessapplication is correct and that the construction will conform Building, Electrical, Plumbing and Mechanical codes, and to Ordinance. I state the information on the above contractors and that by signing below I have obtained all subcontract these permits and if any changes occur including listed conformation of bedrooms, building and trade plans, Environmental hyproposed use changes, I certify it is my responsibility to Central Permitting Department of any and all changes. EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issuissue fee is as per current fee schedule.	the Harnett County Zoning is correct as known to me stors permission to obtain intractors, site plan, number Health permit changes or notify the Harnett County
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Compensation The undersigned applicant being the:	N.C.G.S. 87-14
General Contractor Owner Contractor or Owner	Officer/Agent of the
Do hereby confirm under penalties of perjury that the person(s performing the work set forth in the permit:	s), firm(s) or corporation(s)
Has three (3) or more employees and has obtained wo cover them.	orkers' compensation insurance to
Has one (1) or more subcontractors(s) and has obtaine insurance to cover them.	ed workers' compensation

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: 12/20/21