

Application # _____

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

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.harmett.org/permits

	Application for Residential Building and	Trades	s Permit	
X	D. D.L. O. I.C. I.			0. 10/11/22
	Sile Address: 762 Pope Loke RE Angur Ne 2 Subdivision: NA	7501	Dhara	Date 10/11/23
	Subdivision: NA	1001	Phone	910-279-1062
	Description of Proposed Work:	To	tal Joh Cost	£ 11 CON
	General Contractor Information	on '	ai oob cost	4,000
	Building Contracts to Contract			
	Building Contractor's Company Name	Tel	ephone	
	Acdress	Fm	ail Address	
	HEATED SQ FT GARAGE S	1		
	Lidense #			
	Description of Work <u>Electrical Contractor Informati</u>		Amps T-P	ole:Yes No
	Electrical Contractor's Company Name			
	Electrical Contractor's Company Name	Tele	phone	
-	Address	Fm	ail Address	
	License #		an Address	
	Mechanical/HVAC Contractor Inform	nation		
	Description of Work	lation	1	
	Mochanical Control 1 1 2			
	Mechanical Contractor's Company Name	Tele	phone	
	Address	Fma	il Address	
	License # Added Sink, Shower, toolet to exas	in s	enet.	
	Division			
X	Description of Work Pumbing Contractor Information Description of Work Pumbing Contractor Information Description of Work	# Ba		
	THE DIVING APPLICATION OF THE PROPERTY OF THE		9.868.3	060
	Fluinbing Contractor's Company Name ()	Tele	phone	
	Address Abbritage Lame, Argus NC 2750)	-	MSTLI	MBG @GMAN . COM
	18200	Ema	I Address	
	License #			
	Insulation Contractor Information			
	Insulation Contractor's Company Name & Address	Teler	hone	
	*NOTE: General Contractor / owner must fill out and sign the	econo	page of thi	s application.
	strong roots • new growth			
	5.575			
- 1			I	



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 Nechanical 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 ly and all changes. KPIRED PERMIT FEES: 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee as per current fee solved le. chature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C. \$.S. 87-14 The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor or Owner De 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 ssuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work. Sign w/Title:

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