

\* Must 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.hamett.org/permits

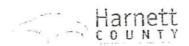
## Application for Residential Building and Trades Permit

|   | 0/11/01/1  |
|---|--|
| Owner's Name: YOURO LOPEZ   | Date 3 11 24   |
|   | 2833 Phone 919-750-1540  |
| Subdivision:  | Lot  |
| Description of Proposed Work Papage 800 water Heater  | Total Job Cost <u>3581.33</u>  |
| General Contractor Information  |  |
|   |  |
| Building Contractor's Company Name  | Telephone  |
|   | Email Address  |
| Address   | The distributed that the companies are the companies and the companies are the compa |
| heated so it barade so  |  |
| License # Electrical Contractor Information   | <u>n</u>   |
| Description of Work Service Size:   | Amps T-Pole:YesNo  |
|   |  |
| Electrical Contractor's Company Name  | Telephone  |
|   | Email Address  |
| Address   | Email Address  |
|   |  |
| License #  Mechanical/HVAC Contractor Inform  | ation  |
| Description of Work   |  |
| Description of Work   |  |
| Mechanical Contractor's Company Name  | Telephone  |
| 1400112111001   |  |
| Address   | Email Address  |
|   |  |
| License # Plumbing Contractor Information   | 3.E.S.   |
|   | ND.  |
|   |  |
| Description of Work Theplace Rog water heater   |  |
| Predoct Protec Poumbing Co  | # Baths  |
| Burbling Postractor's Company Name  | # Baths  |
| Plumbing Dontractor's Company Name  POROX (WIGHT FOURTHENDERS)                                      | # Baths  |
| Burbling Postractor's Company Name  | # Baths  |
| Plumbing Ontractor's Company Name  PO POX (WIGHT Foughteville NC 8830)  Address  Address  License # | # Baths  |
| Plumbing Dontractor's Company Name  POROX (WIGHT FOURTHENDERS)                                      | # Baths  |
| Plumbing Ontractor's Company Name  PO POX (WIGHT Foughteville NC 8830)  Address  Address  License # | # Baths  |

\*NOTE: General Contractor / owner must fill out and sign the second page of this application.

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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 Owne(/Qontractor/Officer(s) of Corporation

311/84

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:  |
|   |