

Lieu # 985610

Application # SFD 1812 - 6629

Harnett County Central Permitting

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! PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

| pnone must match ion on license! | | |
|---|---|---|
| Owner's Name: | Cyon Builders Inc. 1 Ponderosa Rd. | Date: 1-30-19 |
| Site Address: 6/3 | 1 Ponderosa Rd. | Phone: 919 353 0770 |
| Subdivision: | _ NA | Lot: |
| Description of Propose | d Work: Now Construction | |
| | General Contractor Information | |
| LYON BU | ompany Name | 919-353-037 |
| Building Contractor's C | ompany Name | 9/9-373-037 Telephone Lyon 700 Smail. com Email Address |
| 1,0,150× | 569 Olivera | Lyon 700 Smail. com |
| Address | • | Email Address |
| 1 iconso # | _ | |
| Licelise # | Electrical Contractor Information | 1/ - |
| | Service Size: | Amps T-Pole: Yes No |
| | Pare | 919 - 499 - 384 C Telephone |
| Electrical Contractor's | Company Name | Telephone |
| 614 Lestie | Rd. Sanford MC 2733) | Email Address |
| Address | | Email Address |
| License # | | |
| Mechanical/HVAC Contractor Information | | |
| Description of Work | HVAC | |
| Saud hails Mechanical Contractor | Hecty & Retrigeration 's Company Name Lean Rel. Abordeon j M 28 | 910-690-6271 |
| Mechanical Contractor | 's Company Name | Telephone |
| 9206 Above | lean Rel. Aborden M28 | 315 |
| Address | • | Email Address |
| 96377 | _ | |
| License # | Plumbing Contractor Information | n |
| Description of Work | Blue you | #Baths 3 |
| Gilbert F | Phuby Co. | 910-214-1274 |
| Plumbing Contractor's | Company Maine | Telephone |
| 1638 1 ma | thy Rd. Dum NC 28334 | · |
| Address | 7 | Email Address |
| 10929 License # | | |
| License # Insulation Contractor Information | | |
| Tri City | insulation Contractor miorinatio | 910-237-8055 |
| | Company Name & Address | 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.

| 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: 1-30-19 | | | |