

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

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

**Application for Residential Building and Trades Permit** 

ation on license.	1/7/2
Owner's Name:	Date:
Site Address: 8320 NC Hwy 42	Phone:
Subdivision:	Lot:
Description of Proposed Work: Foundation	Total Job Cost:
Building Contractor's Company Name	719-799-8686 Telephone
Address	Email Address
Description of Work  Description of Work	<u>nation</u> bize:Amps T-Pole:YesNo
Electrical Contractor's Company Name	Telephone
Address	Email Address
Description of Work  Mechanical/HVAC Contractor In	formation_
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License #  Plumbing Contractor Inform	nation
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License #  Insulation Contractor Inform	nation
Insulation Contractor's 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 <a href="bysigning-below-I have obtained all subcontractors">bysigning-below-I have obtained all subcontractors</a>
<a href="permission to obtain these permits">permission to obtain these permits</a>
<a href="mainto:and-in-mainto-in-main

is as per current fee schedule.

Signature of Owner/Contractor/Officer(s) of Corporation Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
General Contractor V 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:		

## STATE OF NORTH CAROLINA

OWNER EXEMPTION AFFIDAVIT PURSUANT TO G.S. 87-14(a)(1)

County of Harnett Inspections Department

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:
Told Clopp
(Print Full Name)
hereby claim an exemption from licensure under G.S. 87-1(b)(2) by <u>initialing</u> the relevant provision in paragraph 1 and initialing paragraphs 25 below and attesting to the following:  1.   certify that I am the owner of the property set forth above on which this building is to be constructed or altered;
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I am legally authorized to act on behalf of the firm or corporation which is constructing or altering this building on the property owned by the firm or corporation as set forth above (name of firm or corporation:);
2. I will personally superintend and manage all aspects of the construction or alteration of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1 of Chapter 87 of the General Statutes of North Carolina;
<ol> <li>I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina;</li> </ol>
<ol> <li>I understand that a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Boar for General Contractors for verification that I am validly entitled to claim an exemption under G.S. 87-1(b)( for the building construction or alteration specified herein. I further understand that, if the North Carolina Licensing Board for General Contractors determines that I was not entitled to claim this exemption, the building permit issued for the building construction or alteration specified herein shall be revoked pursuan to G.S. 153A-362 or G.S. 160A-422.</li> <li>The building will be solely occupied by the owner(s), firm or corporation as set forth above for at least twelve (12) months following completion.</li> </ol>
This AFFIDAVIT applies to the following trades:  6. Building Electrical Mechanical Plumbing
7. The total cost of this project is \$
(Signature of Amant)
Sworin to (or affirmed) and Subscribed before me this the day of
Donald Jausm
Signature of Notary Public ONNSM
Printed Name of Notary Public Harnett
My Commission Expires: (Notacy Stamp or Seal)
Sworn to (or affirmed) and Subscribed before me this the
SAMILIE