

Application # SFN19 Q2-0004

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Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

\* 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.

## **Application for Residential Building and Trades Permit**

Owner's Name: Se Terkins	Date: 3/4//9
Site Address: 55 Day Trading Court Broad	may Phone: 9/0-751-24
Subdivision: Market Place	Lot: 90
Description of Proposed Work: New Construction	
Building Contractor's Company Name  3360 Footback Lare Steven Fuy. NC 29306  Address	
Address	Ine. Pridehouse @ Comail.
72771 License #	
Description of Work Service Size: Amps T-Pole: Yes No	
Electrical Contractor's Company Name P.O. 65074 Fay NC 28306	910 - 237 - 5696  Telephone
Address / / / / / / / / / / / / / / / / / /	Email Address
License #  Mechanical/HVAC Contractor Inform	ation
Description of Work Wew Con	A. d. o
Mechanical Contractor's Company Name	910 - 958 - 0000 Telephone
10 1071 Hope Mills NC 28348	
Address	Email Address
H3C1 20012 License #	
Plumbing Contractor Information	
Description of Work New Lan	_# Baths
Plumbing Contractor's Company Name	9/0 - 978 - 3288 Telephone
	Telephone
Address 27018 P-1	Email Address
License #	
Insulation Contractor Information	
Insulation Contractor's Company Name & Address	716 - 484 - 711 8 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 <u>by signing below I have obtained all subcontractors permission to obtain these permits</u> and if <u>any</u> 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

is as per current fee schedule Signature of Owner/Contractor/Officer(s) of Corporation 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 Company or Name Sign w/Title