

Application # SA) 1902 - 0005

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 licerise.

Application for Residential Building and Trades Permit

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Owner's Name: Se testins	Date: 2/27/18
Site Address: 200 Stock Market DR. Brown M	2) 3755 Phone: 9/0-751-2402
Subdivision: Market Place	Lot: 9
Description of Proposed Work: New Construction	
Building Contractor's Company Name	910-751-2402
3360 Footbridge lare sterry Fuy. DC 29306 Address	
72771 License #	
Description of Work Service Size:	on Thur The Clu
Kara Parket Francisco Service Size.	NAT A SECOND OF THE SECOND OF
Electrical Contractor's Company Name	910 - 237 - 3696 Telephone
P.O. 65074 Fay NC 28306	relephone
Address	Email Address
20555-L	
License #	
Mechanical/HVAC Contractor Inform	nation
Description of Work Wess Con .	
Certified Heat # hix	910- 458 -0000
Mechanical Contractor's Company Name	Telephone
10 1071 Hape Mills WC 28348	
Address	Email Address
License #	
Plumbing Contractor Information	<u>on</u>
Description of Work lon	# Baths
Kenn Jones Plumbing	910- 978-3288
Plumbing Contractor's Company Mame	Telephone
Address Family Str. Fay WC 28314	
27018 P-1	Email Address
License #	_
Insulation Contractor Information	
Insulation Contractor's Company Name & Address	916-484-7118
modicular contractor's company warne & 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 <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

Signature of Owner/Contractor/Officer(s) of Corporation

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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 Pride Homes Inc	
Sign w/Title Date 2/27/19	