

Application # SFD 1902 - 0022

\* 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 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**

ration on license.	
Owner's Name: Terkins	Deter
Site Address: 54 Stock Market DR Broad	Date: 8
Subdivision: Market Place	Phone: <u>9/6 - 75/ - 2</u> 4 s 2
Description of Proposed Work: New Construction	Lot
General Contractor Information	
Building Contractor's Company Name	9/0 - 757 - 2462 Telephone
Address Lare sterry Fuy. DC 29306	relephone
Address	Email Address
72771	Lindii / Maress
License #	
Description of Work Service Size	on
Kerry Rivered Francis I	
Electrical Contractor's Company Name	910-237 5890
P.O. 65074 Fay NC 28306	Telephone
Address	Email Address
20555-2	Littali Address
License #	
Mechanical/HVAC Contractor Information	
Description of Work Wew Con.	
Certified Heat # hir	910- 958 -0000
Mechanical Contractor's Company Name	Telephone
Address Hills NC 28348	
H3C1 20012	Email Address
License #	
Plumbing Contractor Information	
Description of Work New Law	
Keyn Tours Dlank	# Baths
Plumbing Contractor's Company Name	9/0- 978-3288
6879 Endly on Endly 28214	Telephone
Addicas [ ]	Email Address
270189-1	Linear Address
License #	
Insulation Contractor Information	
Insulation Carte Insulation / 4205 Clinton Ld	910-484-7118
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 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 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

Company or Name

carrying out the work

Sign w/Title

Date