

Application # SFD1902-0041

* Each section below to be filled out by whomever performing work.

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

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: Koy MCNEILL	Date:
Site Address: 140 Tyles Godwir od Cow	in NC Phone: 910 - 591-844
Subdivision: Riverland Est.	Lot:14
Description of Proposed Work: New Const. Hr	
McNell Masmy	910.591.8432
Building Contractor's Company Name	Telephone
2195 Bailor Rd Coats NC 27521	To the second se
Address	Email Address
38116	
License #	
Electrical Contractor Info	e Size: Amps T-Pole: Yes No
Description of Work Service	e Size: Amps 1-Pole: 1 YesNo
HATAICK OFFER LOUTER CIONE LE	9102311544
Electrical Contractor's Company Name	Télephone
13091) MRIN ST LILINGTON	/
Address	Email Address
45/80	
License # Mechanical/HVAC Contractor	Information
-	information
Description of Work	014.691.5010
Choton Heatindir	910-872-8827
Mechanical Contractor's Company Name	Telephone
1001 Penin Dr.	
Address	Email Address
28699	
License #	
Plumbing Contractor Info	rmation
Description of Work	# Baths
JEMMY Sullivain flugaring	919-669-8860
Plumbing Contractor's Company Name	Telephone
PO Bay 943	
Address	Email Address
22 163	
License #	
Insulation Contractor Info	rmation
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.

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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

Date

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:	