

Application # 5F0 1903-0018

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

**Application for Residential Building and Trades Permit** 

ion on license.	2/11/10
Owner's Name: Sommy Mc Mull	Date: 3/11/19
Site Address: 2873 Holy Spring Rd.	Phone: <u>9/9-770-38-3</u>
Subdivision:	Lot:
Description of Proposed Work: Now Home	
General Contractor Information	
Mc Neell Constrution	919-270-3839
Building Contractor's Company Name	Telephone
2872 Med. & print Rd.	
Address	Email Address
32455	
License #	
Electrical Contractor Information	1 Anna T Pala: Yes No.
Description of Work New Howe Service Size:	Amps T-Pole:YesNo
Rugner Eler	919-499 7767
Electrical Contractor's Company Name	Telephone
80 Wel I homes Ra.	*
Address	Email Address
21643	
License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work New Heat of air	
Sure tems	919-777-0668
Mechanical Contractor's Company Name	Telephone
3/19 5 OHRE Silver NO	
Address	Email Address
19738	
License #	
Plumbing Contractor Information	1
Description of Work New Plumbing	#Baths 23.
	919-708-8071
Plumbing Contractor's Company Name	Telephone
503 Mc Level Sinfered M.	7
Address // Address	Fmail Address
12899	
License # Insulation Contractor Information	1
Dan time	919-776-4138
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.

Suite
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 and it is a little of the project for which this area.
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.