

Application # SF 01903-0031

* 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.hamett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Se Perkins	3/27/10
Site Address: 18 Blue Chip Court Broadw	Date: 2/2///4_
Subdivision: Market Place	1
Description of Proposed Work: New Construction	Lot:
Building Contractor's Company Name	9/0 - 757 - 2402 Telephone
Address Henry Sterny Fuy. DC 29306	Jac. Tolehouse @ Comail. Car
72771 License #	Email Address
Description of Work Service Size:	Amps T-Pole: Yes No
Electrical Contractor's Company Name	910 - 237 -5696 Telephone
P.O. 65074 Fay NC 28306 Address	Email Address
	Linal Address
Mechanical/HVAC Contractor Inform	nation
Description of Work	
Mechanical Contractor's Company Name	910-958-0000
PO 1071 Have Mile 411 28348	Telephone
Address Hope Mills WC 28348	
H3C1 20012 License #	Email Address
Plumbing Contractor Information	on 's
Description of Work Very land .	# Baths
Plumbing Contractor's Company Name	910- 978-3288
Figuriality Contractor's Company Name	
1004	Telephone
Address Family Str. Fay WC 28314	Telephone
Address 27018 P-1	Telephone Email Address
Address # License #	Email Address
Address 27018 P-1	Email Address

*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 Owner Officer/Agent of the Contractor or Owner **General Contractor** 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