

Application # <u>SFD 1904-0045</u>

* 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

Owner's Name: Terkins	Date: 6/25/19
	NC Phone: 9/6-751-2402
Subdivision: Market Place	Lot: 22
Description of Proposed Work: New Construction	LOL
General Contractor Information Tide To mes To	
Building Contractor's Company Name	910 - 751 - 2402 Telephone
Address Love line sterry Fay, DC 29306	Ine. Intehous @ Comail. Con Email Address
72771 License #	Lindii Address
Description of Work Service Size:	Amps T-Pole: Yes \(\text{No}\)
Electrical Contractor's Company Name	910 - 237 - 5696 Telephone
P.O. 65074 Fay NC 28306 Address 20555-L	Email Address
License #	
Mechanical/HVAC Contractor Information	
Description of Work West Con .	
Mechanical Contractor's Company Name	910 - 958 - 0000 Telephone
PO 1071 Hape Mills W1 28348	relephone
Address H3C1 20012 License #	Email Address
Plumbing Contractor Information	_
Description of Work loo loo	T
Kein Jones Plumbin	_# Baths
Flumbing Contractor's Company Mame	9/0 - 978 - 3288 Telephone
Address Hamily Str. Fung WC 28314	Теерпопе
27018 9-1	Email Address
License #	
Insulation Contractor Information	
nsulation Contractor's Company Name & Address	<u>916 - 484 - 711 8</u> 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 carrying out the work Company or Name

Sign w/Title