

Application # SFD19047

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match 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

morman	on on idense.	
	Owner's Name: Kyle Stewart / Jennifer Ste	wart Date: 4/26/19
	Site Address: +bd	Phone: 919-422-97
	Subdivision:	Lot:
st	Description of Proposed Work: New Residential Const	michon - Single Family
ess to	General Contractor Informatio	3
Long hora	Kevin Tyndall Builders, Inc	910-237-4237- Kevi
LONG	Building Contractor's Company Name	Telephone
xts NC 1521	1014 W Core Rd Dunn NC 28334	tyrdalladmin @ char
13	Address	Email Address
	71658	
	License #  Electrical Contractor Information	20
	Description of Work New Residential Const. Service Size:	Amps T-Pole: Yes No
	Watson Electric	910-483-4193
	Electrical Contractor's Company Name	Telephone
	369 Wilkes Rd Fayetkulle, Nchangelle	
	Address	Email Address
	2134 28306	
	License #	mation
	Mechanical/HVAC Contractor Inform	nation
•	Description of Work New Residential Construction	C = C &C \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
1	Becisley's Mechanical Contractor's Company Name	E 9101-894-338
		receptions
	Address	Email Address
	2 may 4an cocts N.C.	1- 22001
	Livense # 37561	
	Plumbing Contractor Information	<u>on</u>
	Description of Work New Residential Construction	# Baths3
A	HOMEDWNER - Kyle Stewart	919-422-9794
	Plumbing Contractor's Company Name	Telephone
	A.L.	Email Address
	Address	Email Address
	License #	
	Insulation Contractor Information	on Olo Sull 1113
	Parker Brothers Insulation Insulation Contractor's Company Name & Address	910-564-4132
		Telephone
	525 KHYTORK Rd, auton, NC 28328	
	*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

4/26/2019 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
Sign white: Date: 4/26/19