

Application # <u>SFD 1900</u> - 0003

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 information on license

Application for Residential Building and Trades Permit

tion on license.		
Owner's Name:	Chris and Natalie MURZ	Date: 7-1-2019
Site Address: 3/4	2 Wado Stowart Circle	Phone: 910-890-9773
Subdivision:	Illington NC 27546	Lot:
Description of Propose	d Work: NEW Home Cons	Truction
To 0	General Contractor Informa	
Jason B.	Buce	919-695-6370
building Contractor's C	ompany Name	Telephone
40, Box 612	Bines Creek NC 27506	buiebuiltegmail. Com
Address		Email Address
50308		
License #	_	
	Electrical Contractor Information Service Size	ation
Amped Electric	c LLC	910-984-6010
Electrical Contractor's	Company Name	Telephone
510 Denning	Rd Berson 27504	Ampedelectric na Quaha com
Address		Email Address
30129-1		
License #	-	
	Mechanical/HVAC Contractor Info	ormation
Description of Work	SID HUAC	
TAM Harl	und Die Tal	910-897-5501
Machaninal Contractor	Company Name	Telephone
Wechanical Contractors	2 / 1	Jandonhuce @ Centary link net
	Rd. aun NC 28334	Email Address
Address		Lindin Addiess
17164	_	
License #	Plumbing Contractor Information	tion /
. /		4
Description of Work	w flumbing	# Baths
SHOWN Glover -	Glover Contract Plumbing	919-868-0959
Plumbing Contractor's	Company Name Way Sanford NC 2733Z	Telephone
304 Quail Holley	WWW Sanford NC 2733Z	glover Humbingin Orocketnach com
Address		Email Address
23160		
License #	•	
	Insulation Contractor Informat	tion
Tri-lity Inself	Bld Products of Fayettevill	910-486-8855
Insulation Contractor's C	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.

Signature of Owner/Contractor/Officer(s) of Corporation

Date

to NCGS 87-14		
Affidavit for Worker's Compensation N.C.G.S. 87-14		
The undersigned applicant being the:		
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		
The same layers and has obtained workers' compensation insurance to cover them.		
Has three (3) or more employees and the state of the stat		
Has three (3) or more employees and not be a second tractors (and has obtained workers' compensation insurance to cover that one (1) or more subcontractors (s) and has obtained workers' compensation insurance to cover the second tractors (s) and has obtained workers' compensation insurance to cover the second tractors (s) and has obtained workers' compensation insurance to cover the second tractors (s) and has obtained workers' compensation insurance to cover the second tractors (s) and has obtained workers' compensation insurance to cover the second tractors (s) and has obtained workers' compensation insurance to cover the second tractors (s) and has obtained workers' compensation insurance to cover the second tractors (s) and has obtained workers' compensation insurance to cover the second tractors (s) and has obtained workers' compensation insurance to cover the second tractors (s) and has obtained workers' compensation insurance to cover the second tractors (s) and has obtained workers' compensation that the second tractors (s) and has obtained workers' compensation the second tractors (s) and has obtained tractors (s) and h		
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them. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance		
eovering themselves.		
and no subcontractors.		
Has no more than two (2) employees		
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