Application #

SFD-1906-0010

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www harnett org/permits

Each sect	on below to be filled o er performing work	u
	mer or licensed	
contractor	Address company	
name & ph	one must match	

owner or licensed or Address company phone must match	Application for Residential Building and Tr	rades Permit
	horacon Inc.	Date 7/11/19
Owner's Name	16 Rainmaker St. Linde	en NC Phone 910-717-5076
Site Address	THE THOUSANT STATE OF THE STATE	2835Le
Directions to job site	from Lillington	
		Lat. 20
Subdivision	weetwater 2	
Description of Propos	sed Work New Kesidenti	
Heated SF 2169	Unheated SF 580 Finished Bonus Room?	NO Crawl Space Slab _V
1	General Contractor Information	910-237-3461
Building Contractors	/ INC.	Telephone
		troya ivercon net
Po Box	67470	Email Address
57917/20		
License #		
D at \Alank	Au Jaw Contson Contractor Information ContSon Contractor Information ContSon Contractor Information ContSon Contractor Information	700 Amps T-Pole YesNo
Description of Work	PIC FILE TRUE	910-323-2458
Flectrical Contractor	OCK FURCTRIC s Company Name	Telephone
454 WHOTE		dianee sanounaceelectric, con
Address	28312	Email Address)
NC 4:297	701	
License #	Mechanical/HVAC Contractor Infor	mation
Description of Work		
Description of Work	7 1	910-858-0000
Machanical Contrac	tor's Company Name	Telephone
POBOX/	071 Hape MILLS, NC	EHZIN. CERTIFICAMAIL. CO.
Address	1 28348	Email Address
H3C1/200	12	
License #/	Plumbing Contractor Informat	ion ,
Description of Work		# Baths 77
1	- Purpline	910-424-1766
Plumbing Contracto	or's Company Name	Telephone
7051 CRR	ST. JASTANIUE NC 28306.	I REPINICAD COM
Address		Email Address
05277 80		
License #	Insulation Contractor Informa	
Hours NSU	ustrow. 519 Oco Drug STORE RO	919 - 96 1 - 0999
Insulation Contract	tor's Company Name & Address /	Telephone

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 sphedule

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

7.11-19 Date

Affidavit for Worker's Compensation N C G S The undersigned applicant being the	
General Contractor Owner Officer/Agent of the C	ontractor or Owner
Do hereby confirm under penalties of perjury that the person(s) firm(s) or corpo set forth in the permit	oration(s) performing the work
Has three (3) or more employees and has obtained workers compensation	on insurance to cover them
Has one (1) or more subcontractors(s) and has obtained workers competition	ensation insurance to cover
Has one (1) or more subcontractors(s) who has their own policy of works covering themselves	ers compensation insurance
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 Department issuing the permit may require certificates of coverage of worker's to issuance of the permit and at any time during the permitted work from any permitt	compensation insurance prior
Sign w/Title	Date _ 7-((-19
Oldi William	

GAS CONTRACTOR.

FOR GAS LOG FIRE PLACE

DIVERSIFIED ENERGY

17220 US HWY 421 5. DWAN, NC 256334-8757

LICI # 31611 FP