

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

Application for Residential Building and Trades Permit

Owner's Name: Jose Rubio Date: 7-25-19
Site Address: Lot 2 Rosser Pitman Phone: 919 935-59-81
Directions to job site from Lillington: Take 421 to Sanford about 11 miles you see the stop light on turn ~~Left~~ on Rosser Pitman turn Right ~~Left~~ about 1 mile in the ~~Left~~ is Lot 2
Subdivision: _____
Description of Proposed Work: building a house # of Bedrooms: 4
Heated SF: _____ Unheated SF: _____ Finished Bonus Room? _____ Crawl Space: _____ Slab: _____

General Contractor Information

My self 919-935-59-81
Building Contractor's Company Name Telephone
Rosser Pitman Lot 2
Address Email Address
License # _____

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No
My self 919 935 59-81
Electrical Contractor's Company Name Telephone
222 Knight Rd Broadway NC
Address Email Address
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
My self 919 935 59-81
Mechanical Contractor's Company Name Telephone
222 Knight Rd Broadway NC
Address Email Address
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths 2 1/2
My self 919 935-59-81
Plumbing Contractor's Company Name Telephone
222 Knight Rd Broadway
Address Email Address
License # _____

Insulation Contractor Information

My self 919 935-59-81
Insulation Contractor's 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.

Joso del Carmen Peble
Signature of Owner/Contractor/Officer(s) of Corporation

7-24-19
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 carrying out the work.

Company or Name: _____

Sign w/Title: _____ Date: _____