

	Application #
Harnett County Central Permittin PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.or	
tor. Address, company phone must match tion on license.	rades Permit
Owner's Name: Raise The Roof Homes 1	Date: <u>4-20-3</u> 020
	505 Phone: 919-323-2674
Subdivision:	Lot: 2
Description of Proposed Work: New Construction	Total Job Cost: \$210,000
General Contractor Information	n (a chille a Chille
SIC Homes Inc.	(919) 649-2740
Building Contractor's Company Name	
Address Rateigh, N.C. 27605	<u>Email Address</u>
79133	
License #	
Description of Work New Construction Service Size:	200 Amps T-Pole: V Yes No
MSE Electrical Toc	919 - 717 - 9767
Electrical Contractor's Company Name	Telephone
2009 Eagle Rock Rc Wendell NC 27591	JimWomstelectric.com
Address	Email Address
30306-V	
License # Mechanical/HVAC Contractor Inform	nation
Description of Work <u>NEW CONSTRUCTION</u>	ilanon.
LANDEN HEATING AND COOLING, IMC Mechanical Contractor's Company Name	<u>919-427-6055</u> Telephone <u>Jandenhvac Q gmai</u> l.com Email Address
<u>P.O. Box 400 ZEBULON, NC 27597</u> Address	<u>Landenhvac @ gmail.com</u> Email Address
31639	
License # Plumbing Contractor Informatic	
	#Baths Z
At Plusher	$Alg_{1} = 0.0559$
AH Plumbing Plumbing Contractor's Company Name	$\underline{4} \underline{9} \underline{-} \underline{0} \underline{2} \underline{2} \underline{-} \underline{0} \underline{3} \underline{3} \underline{1}$
8013 Matinvesi St. Rakion, NC27616	
Address	Email Address
1.29.375	
License #	
Trichike Toxulation Contractor Information	109/790-9684
Tri-City Insulation 7204 Bocky Circle Insulation Contractor's Company Name & Address Raleigh, Noc	Telephone
a7615	
*NOTE: General Contractor / owner must fill out and sign the	second name of this application
NOTE: General Contractor / Owner must mill out and sign the	sevena page or une 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 <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> 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.

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

1-20-2020

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.	
$\underline{\mathcal{V}}$ 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.	
Sign w/Title Date: 4-20-2020	