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

	E
Owners Name Stephenson Builders Inc.	Date 11-1-19
Site Address 175 Margan Fram Or. Lillington	Phone 919 730 7802
Directions to job site from Lillington Hay 401 N. Left onto	margon form drive
a I mile from hospital on left	
Subdivision Morgan Farm	Lot
Description of Proposed Work New Single Family Home	# of Bedrooms
Heated SF <u>9594</u> Unheated SF <u>900</u> Finished Bonus Room? <u>Ye</u> General Contractor Information	Crawl Space V Slab
Building Contractor's Company Name	919- 730 - 780 2 Telephone
1187 N Releigh St. Angres NC 27501 clre Address	Email Address
5360Y License #	
Description of Work Now Lame Service Size	T_200_Amps T-Pole YesNo
	919.669-0063
Austin Dean Electrical Contractor Electrical Contractor's Company Name	Telephone
2793 Baptist Grave Rd. Fugury 27526 Address	aidean y 330 a yahoo com
L 29839	
License # Mechanical/HVAC Contractor Inform	nation ·
Description of Work New Home	919-552. 3053
Mechanical Contractor's Company Name	Telephone
1539 Wade Stephenson Road Holly Spritys 27510	
Address	Email Address
12655	
License # Plumbing Contractor Informatio	<u>n</u>
Description of Work Canden's Plumby and Pepair	_# Baths
New Home K	919-557-1584
Plumbing Contractor's Company Name	Telephone
7229 Oak Village Way Frquy 27526 Address	Email Address
18903	
License # Insulation Contractor Information	en.
	919 630 8365
Insulation Contractor'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 schedule.

Signature of Owner/Cprittacions/files(s) of Corporation 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.
Sign w/Title:
V //