

Application #

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/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

| on on license. | 110 |
|--|-----------------------------|
| Owner's Name: Richard: Melanie Payne | Date: //- 9-20 |
| Site Address: 218 will's Pope RZ Angier NC 275 | 50 Phone: |
| Subdivision: | Lot: |
| Description of Proposed Work: New Const | Total Job Cost: 350,000.00 |
| General Contractor Information | 2.42 |
| Sevenity Built Homes, Inc. | 910-984-7042/910-89 |
| Building Contractor's Company Name | Telephone |
| PO BOX 1417 Cillington NC 27546 KI | iwrence @capitalmaiblecreat |
| Address | Email Address |
| 63787 HEATED SQ FT 2910 GARAGE SC | FT 504 |
| License # | |
| Description of Work New Const. Service Size: | 200 Amps T-Pole: X Yes No |
| Mabry's Electrical | 919.639-4837 |
| Electrical Contractor's Company Name | Telephone |
| 731 Maby RZ Angier NC 27501 | * 000 000 € 000 0000 000 |
| Address | Email Address |
| 150774 | |
| License # | |
| Mechanical/HVAC Contractor Inform | ation |
| Description of Work New Const. | |
| Ji M. | 910-897-5501 |
| Mechanical Contractor's Company Name | Telephone |
| 724 Turlington RZ Dunn NC 28334 | |
| Address | Email Address |
| 17164 | |
| License # | |
| Plumbing Contractor Informatio | |
| Description of Work New Const | _# Baths |
| Jason Barefoot | 910-892-4736 |
| Plumbing Contractor's Company Name | Telephone |
| 5476 Timothy Re Dunn Nc 28334 | |
| Address | Email Address |
| 20694P-1 | |
| License # | an . |
| Insulation Contractor Information | 919-772-9000 |
| Insulating Inc 5902 Fayettaille P2 Ralvighoc | |
| Insulation Contractor's Company Name & Address 27603 | 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/Contractor/Officer(s) of Corporation

| 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: Ku Jan Sect. Date: |