

Application # SED 2001 - 0013

* 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

	informat	ion on license.	1						
			on and Nicole Shepard	Date:					
		Site Address: 969	W. Strickland let Dunn NC	Phone: (703) 795 · 1255					
96	8—	Subdivision:	-	Lot:					
		Description of Propose	ed Work: New Construction listly	Total Job Cost:					
		General Contractor Information							
		Christie E Core		9191669-5024					
		Building Contractor's	Company Name	Telephone					
		55 Belk Ct	Clayton, No 21520	anchorcustamhomes incognical. com					
		Address		Email Address					
		92159	_						
		License #	Floatrical Contractor Inform	mation					
		Description of Work Wife New Market Service Size: Ann Amps T-Pole: YesNo							
		CEM Electric	C	(919) 772-45195					
		Electrical Contractor's	Company Name	Telephone					
		8313 Cleur	exind Rd Ckeyton NC 27520	service@candmelectric.com					
		Address		Email Address					
		5689-L	_						
		License # Mechanical/HVAC Contractor Information							
		Description of Work	HYAC NEWCONSTRUCTION						
		Standard Work	s Hotim and Air Condition	oning (919)329-010860					
		Mechanical Contracto	ns trating and Air Conditions's Company Name	Telephone					
		343 Shipwash	Orice Garner NC 27529	Stephensonservice@hotmail.com					
		Address		Email Address					
		181044							
		License #	Blumbing Contractor Infor	rmation					
		Description of Work Pumbing for New Construction #Baths 3							
		Description of Work	Plumbing The Mesos a State	(9)934-8894					
		Herderson Plumbing Contractor	Mumbag	Telephone					
		Plumbing Contractor	r Or. Clayton NC 21520	erice menderson Plumbing, com					
		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	VOJ. CIAGION NE CISAC	Email Address					
		Address							
		248107 License #							
			Insulation Contractor Info	imation (O) O = 2					
		Insulating In	corporated	(919) 920-6950					
		Insulation Contractor	's Company Name & Address	Telephone					

NOTE: General Contractor / owner must fill out and sign the second page of this application.

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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.

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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.

Chief & Cu			315	1/2020	
Signature of Owner	/Contractor/Offi	cer(s) of Corpora	ation Date		
MANUAL CONTRACTOR OF THE STATE			Compensation N	.C.G.S. 87-14	
The undersigned a					
General C	ontractor	Owner	Officer/Agent	of the Contractor or Owner	
Do hereby confirm set forth in the perm		of perjury that th	ne person(s), firm(s) o	or corporation(s) performing the	work
Has three (3) or more empl	oyees and has of	btained workers' com	pensation insurance to cover the	em.
them.	or more subcor	ntractors(s) and h	nas obtained workers	compensation insurance to cov	er
Has one (1)		ntractors(s) who l	has their own policy o	of workers' compensation insural	nce
Has no more	e than two (2) e	mployees and no	subcontractors.		
Department issuing to issuance of the passage out the wo	the permit may permit and at an	y require certifica y time during the	tes of coverage of we e permitted work from	ood that the Central Permitting orker's compensation insurance any person, firm or corporation	
Sign w/Title:	wer E (in		Date:_3/17/2020	<u> </u>

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