09/09/11

App!ication#

Harnett County Central Permitting PO Box 65 Lillington NC 27546 3 7525 Fax 910 893 2793 www hamett org/permits

Each section below to be filled out	910 893 7
by whomever performing work. Must be owner or licensed	
contractor Address company	Application f

Address company shone must match	Application for Residential Building and Tr	ades Permit
	livercont lac	Date 1 22 2020
Owners Name		n NC Phone
Site Address Directions to job site f		
Directions to lon site i	Tolli Chilligani	
		K
	weetwater	Lot
0000	C T	# of Bedrooms 3
Description of Propos	Unheated SF 593 Finished Bonus Room?	NO Crawl Space Slab
Heated SF Mal	General Contractor Information	<u>n</u>
1	INC.	910 - 237 - 3461 Telephone
Building Contractor s	Company Name	Telephone
PO BOX	61778	trougivercon.net
Address .		EmajvAddress
57917 /LTD		
License #	Au 4 Few Con(Simu & Tion Service Size	on Yes No
Description of Work	ALL KEW CONSTRUCTIONSERVICE SIZE	910-323-2458
SAMON RI	OCK FURETRIC s Company Name	Telephone
	s Cempany Name	dianee sanounde electric, com
151 WHITE	THEAD RO. FAYETFULLE ACC 28312	Email Address
Address NC 11.297		
Lipense #	•	
	Mechanical/HVAC Contractor Infor	mation
Description of Work	NEW CONSTMEGNON.	010-858-Mag
CENTIFIE	tors Company Name	910-858-000 Telephone EHIZIN. CECTIFICE GMAIL. COM Email Address
Mechanical Contrac	071 HORE MILLS, NC	EHRIN CECTIFICE amail. com
PO BOX/	7) 4012 / 1100/ 28348	Email Address
Address H3C1/200		
License #		
	Plumbing Contractor Informat	
Description of Work	Jaw Constructor	# Baths 77 - 176C
Janua Jak	- Kumbing.	Telephone
	ors Company Name) ST. Valentalius AC 28206.	Heeping Gad. Com
7051 Cera	ST. TAGOTENIUE NE 25306.	Email Address
Address PL		
License #		ition
1	Insulation Contractor Informa	919-661-0999
HTUZ NSU	tors Company Name & Address	Telephone
Insulation Contract	GALLAGE NC 27529,	
	-1, 1, 5, 1	T. C.

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 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 Officer/Agent of the Contractor or Owner Owner General Contractor 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 5. Duren, NC 256334-8757