Each section below to be filled out by whomever performing work.
 Must be owner or licensed contractor. Address, company name & phone must match

Application # <u>SFD 2001-004</u>L

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

	C - C - TWC	Date: /-2/-20	
	Owner's Name: CO ELICO CONTRACTORS FINC	Phone: 910 263-0276.	
,	Site Address: 29 TUPELO RA STRING LAKE NO	Comme Colo 1814 Lemuel Blace	
-	Directions to job site from Lillington: TAKE 2 10 S. to ANDERSON	CREEK SCHOOL ROLLDENNIG S.	
-	0) West to Nuperpulkal (1117) So. To CUPRE	>> DN. IUNU(D)ONCY	
F	Follow to TUPELO Rd. TURNED ON TUPELO	(LOTS)	
-	Subdivision: HIODEN LAKES	Lot:	
	Description of Proposed Work: 5F0	# of Bedrooms: 3	
	Heated SE 2147 Unbeated SE 694 Finished Bonus Room?	Crawl Space: Slab:	
	General Contractor Information		
	Welled CONTRACTORS INC	910 263-0276	
	Building Contractor's Company Name	Telephone Co @ wswellons Realty.com	
		Email Address	
	Address		
	7402 License #	v v	
	Electrical Contractor Information	MAMOS T-Pole: Y Ves No	
	Description of Work The Pope Service Size:	919 176-5144	
	J.M. POPE ELECTRIC LLC		
	Electrical Contractor's Company Name	PMILLERCHLEROP DO Mail. COM	
	HOP CHATHAM ST. SANFORD NC	PMILLERCHLERO Da Mail. COM Email Address	
	21326 <u>L</u>		
	1:	**	
	Mechanical/HVAC Contractor Information		
	Description of Work Total Systems HEATIN	0: 131 3160	
	TOTAL SYSTEMS 4FATING & CADLING	910 436-3450 Telephone	
	Mechanical Contractor's Company Name	SERVICE CHOTAL SYSTEMSNC. COM	
	13341 HWY 210 SOUTH SPRING LAKE NC	Email Address	
	Address		
	28846. License #	2	
	Plumbing Contractor Informatio		
	Description of Work MLS Plumbing	# Baths 2 · 5	
	M.L.S. Plumbing Co. INC	910 484-1124	
	Plumbing Contractor's Company Name	Telephone b - mail COM	
	1500 GILLESPIE ST, FAYETTEVILLE NO	Telephone MLS plum BING hormail. Com Email Address	
	Address	Lilian Address	
	NC28833P1		
	License # Insulation Contractor Information	on a classical and a	
	PARKER BROTHERS FNSULATION	910 364 - 413	
	Insulation Contractor's Company Name & Address	Telephone	

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

Homeowners Applying to Build Their Own Home Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)		
Do you own the land on which this building will be constructed? Yes No		
Have you hired or intend to hire an individual to superintend and manage construction of the project? YesNo		
3. Do you intend to directly control & supervise construction activities? Yes No		
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? Yes No		
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit? Yes No		
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 Date		
organication of the state of th		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
The undersigned applicant being the.		
General Contractor Owner Officer/Agent of the Contractor or Owner		
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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.		
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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.		
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