

AMENDING CHARENT PERMIT Application # SED 2002-0001

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

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits CENTRAL PERMITTIAL @HARRETT-ORG

**Application for Residential Building and Trades Permit** 

) A ) = a\	
Owner's Name:	Date: 6/25/
Owner's Name: DAVID FORD Site Address: 446 KIPLING Rd.	Juduay VADIN Phone:
Subdivision:	Lot:
Subdivision:	ECROOM Total Job Cost:
General Contrac	tor Information
NC CUSTOM Homes LLC	919-946-3662
Building Contractor's Company Name	Telephone
1508 MYCENAE PL. FURUAY	Telephone  Adozier @ NC. rr. c
Address 6/6/2	Email Address
License #	
Description of Work	ctor Information Service Size:Amps T-Pole:YesNo
Electrical Contractor's Company Name	Telephone
Address	Email Address
License #	
Mechanical/HVAC Con	ntractor Information
Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
lian d	
License # Plumbing Contract	etar Information
Description of Work	
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License #	
Insulation Contrac	tor Information
Insulation Contractor's Company Name & Address	Telephone
■ A SANDERSON SERVICE OF THE SANDERSON	1 Olopholio

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



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

6/25/2020

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: Val 1 on Nor/my Date: 6/25/202	

