

Application # 1506-09-1876.00

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

Application for Residential Building and Trades Permit

	information on license.	7 -1	
_	Owner's Name: Myols Group Inc.	Date: 3-26-70 Phone: 910 890 1504	
	Site Address: SS Dow Row Rd	Phone: 910 890 1504	
	Subdivision:	Lot:	
	Description of Proposed Work: New Home	Total Job Cost: 150,000.00	
	General Contractor Inf	formation 122()	
	Dunny Kry Fisher	410 890 1509	
	Building Contradtor's Company Name	y NC differ the your	
	GDY Wonder town Ir. Erwin	Empil Address	
	#72543 Z 833	7	
	License #		
-MF	Description of Work New Ekc. Indian Serv	vice Size: 2 Amps T-Pole: Yes No	
0.	Neuse River Electric, Inc Electrical Contractor's Company Name	919-740-7086	
	Electrical Contractor's Company Name	Telephone	
	2416 New Bolha Church rd grown	BE NC. Neuseriverelectricean	,
	2416 New Boths Church rd growns Address Z79	Email Address	OI
	L-3003 License #	<u> </u>	
	Mechanical/HVAC Contract	tor Information	
	Description of Work		
	Mechanical Contractor's Company Name	Telephone	
	Address	Email Address	
	Addiess	Linaii Addiess	
	License #		
	Plumbing Contractor In		
	Description of Work	# Baths	
	Plumbing Contractor's Company Name	Telephone	
	Transling defined to destributing frame		
	Address	Email Address	
	Lieuwa H		
	License # Insulation Contractor In	nformation	
		:	
	Insulation Contractor's Company Name & Address	Telephone	

*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

3-76-20 Date

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 issue and of the permit and of any time during the permitted work from any pe
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: Date: 3-26-CO