

Application #

* Each section below to be filled out by whomever performing work. Must be owner or ficensed portingtar. Address, company name & phone must match information on figense. Harnett County Central Permitting
PO Box 66 Littington, NC 27546
910-893-7625 Fax 910-893-2793 www.hameit.org/permits

matter on Ilcense,	Residential Building and T	rades Permit	
1 A seems / 1	DES-NCILLO	Date	2712/2020
Site Address: 823 AVULU	Pom Drive	Phone: OLG	706.2000
Subdivision: Avery Pond		Lot: 133	140-0900
Description of Proposed Work: New	Construction-SF	DTotal Job Cost:	
Gen.	eral Contractor Information		
CGI Homes-NC, LLC		919-798-3	972
Building Contractor's Company Name	a ha 400	Telephone	
1480 Lake Robbins Dri.	Je 8Te 480	Keth Starse	Laihomes.com
74803 The Woodlan	ds TX 9738D	Emall Address	O
License #			
Description of Work New Coxisty	ical Contractor Information	ر مورد	/
CMC Electric	Service Size:		
Electrical Contractor's Company Name		919-710-7 Telephone	381
106 N. Lombard st. SI	ute 107		econcelernic. com
Address CIALITY AIR	27620	Email Address	Text Com to con 1
U26804 TIGHT 100 8	,		
	I/HVAC Contractor Inform	atlan	
Description of Work New Constr	WADW	ation	
Can Mechanical	A TO I	704-882-4	C22 ·
Mechanical Contractor's Company Name	1.	Telephone	The state of the s
5910 Stockbridge Driv	e Monroe	mwalkereca	rylmechanicals.com
Address		Email Address	Jan Caraman Sala
16647 - Douglas Biver	15		*
Plumble	ng Contractor Information	U	
Description of Work New Con 87	uction	# Baths 2 /2	
Inortons rumbing			833
Plumbing Contractor's Company Name	NICOTOO	Telephone	
3160A Vinson Rd Clay			
23152		Email Address	
License #	8		
To buse To a last Insulation	on Contractor Information	^	0
Tatum Ensulation	- Alexandra - Alexandra	919-661-0	499
Insulation Contractor's Company Name & Add	ress	Telephone	The state of the s

*NOTE: General Confractor / 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 Hamett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that by electing below I have obtained all subcontractors bermission 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 any and all changes.

any and all changes.
EXPIRED PERMIT FEES -6 Months to 2 years permit re-issue (se is \$150.00. After 2 years re-issue (se is \$150.00. Af

Signature of Owner/Contractor/Officer(s) of Corporation

Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the:	. 87-14
General Contractor Owner Officer/Agent of the Co	ontractor or Owner
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corpora set forth in the permit:	ation(s) performing the work
Has three (3) or more employees and has obtained workers' compensation	n Insurance to cover them
them. Has one (1) or more subcontractors(s) and has obtained workers' compen	
Has one (1) or more subcontractors(s) who has their own policy of workers covering themselves.	d' compensation insurance
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 Department issuing the permit may require certificates of coverage of worker's cortological of the permit and at any time during the permitted work from any personanying out the work.	e Central Permitting mpensation insurance prior on, firm or corporation
Sign will the	Date: 311212020
Annual Control of the	