

Application # SFD 2003-004 /

\* 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. 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**

don on license.	
Owner's Name: Jesus Macias Lean	Date:
Site Address: 31 Thorntons Crack Dr. Erwin, NC 28339	Phone: 9(0 930-8512
Subdivision: Thurntons Creek	Lot:
Description of Proposed Work: New Construction	Total Job Cost: 185,000
General Contractor Information	
Itand Suse Custom Homes Inc	910 890-6870
Building Contractor's Company Name	Telephone
P.O. Box 1072 Coats, NC 27523	Telephone Stands stehomes to gmail. com Email Address
Address	Email Address
†0922 License #	
Floatrical Contractor Information	
Description of Work Kough To d Trim Out Service Size:	200 Amps T-Pole: X Yes No
- Con Diogres	919 208-0961
Electrical Contractor's Company Name	Telephone
1900 Sturbridge Ct. Raleigh, NC 27612	Pedro escendon 1970 agmail con Email Address
Address 23963U	Email Address
License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work Rough Fr & Trin out of HUAC	
Suretemp Mechanical Inc	919 777-0668
Mechanical Contractor's Company Name	Telephone
3105 Hal Siler Dr. Sanford, NC 27331	Support O Suretemphyac. net Email Address
Address	Email Address
19738	
License #	
Plumbing Contractor Informatio	
Description of Work Rough In & Trimost/working	_# Baths &. 5
SierrasEnterprises Inc Plumbing Contractor's Company Name	843-458-7429
Do Bay UCTO Coloty) No Done	Telephone
Address	Email Address
12877	Email Address
License #	
Insulation Contractor Information	
atum Insulation II 519 Old Dag Stere Rd Grang NC	919 661-0999
nsulation Contractor's Company Name & Address 27539	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

2-14-20 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 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: Ond Onlesson President Date: 2-14-20	