

Application # SF10 2003-0043

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 informat

Application for Residential Building and Trades Permit

tion on license.	
Owner's Name: Ken Yourson Homes, Inc.	Date: 03-12-2000
Site Address: 116 Newtures Way Dam, NC 28334	Phone: (419) 422-1479
Subdivision: Bemett Place	Lot:5
Description of Proposed Work: Single Funity Resident at	Total Job Cost: 145, 00 0
General Contractor Information	<u>on</u>
Ken Danson Henes, Inc.	(919) 422-6979
Building Contractor's Company Name	Telephone
2493 NC HWY, 242 N. Benson, NC 27504	Henndowson & hotmatican
Address	Email Address
59891	
License #	
Electrical Contractor Informat	ion
Description of Work RSD New Construction Service Size	
Jason H. Pape Electrical Contractors	(919) 878-0837
Electrical Contractor's Company Name	Telephone
81 Bower Creek Dr. Dwn, NE 28334	
Address	Email Address
U. 27284	
License # Mechanical/HVAC Contractor Info	rmation
A A A COLUMN TO THE PARTY OF TH	mation
Description of Work RSD New Construction	11418 241
Radtord HVAC	94)427-7463
Mechanical Contractor's Company Name	Telephone
917 Hebbs St. Clayton, NC 27520	
Address	Email Address
L. 22024	
License # Plumbing Contractor Informat	ion
A. A	
Description of Work RSD New Construction	# Baths
Double J Plunking, LLC	(910) 814-7705
Plumbing Contractor's Company Name	Telephone
614 Byrd St. Bynnlevel, NC 28323	2000 2000 2000 2000
Address /	Email Address
License #	
	don
Insulation Contractor Information Total Trus Store Rd.	
Insulation Contractor's Company Name & Address Garner, N. 27829	G19/661-0999
	I EIEDHOLLE

*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

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: President Date: 03-12-2020