

Application #	

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 & informat

phone must match	Application for Residential Building and Tra	ades Permit
ion on license.	/ // /	
Owner's Name:	langle Home, Pros	Date: 4//0/2020
Site Address: 26/	Hobby R.d	Phone: 9/9-346-1528
Subdivision: Tria	ngle Home Pros	Lot: #5
Description of Propose	d Work: New S.F.H	Total Job Cost: 4 450, 000
/ 11	General Contractor Information	
Triangle H	rome Pros	919-346-1528
Building Contractor's C	ompany Name	Telephone /
6312 Laus	aca LN	THPHOMES@G-Mail.com
Address 770 10	,	Email Address
1/0/9	<u>-</u>	
License #	Flectrical Contractor Information	n
Description of Work E	Electric, N.S. F. Home Service Size:	<u>n</u> 200 Amps T-Pole: <u>≯</u> YesNo
Dawsons	Electric Inc	919-552-0246
Electrical Contractor's		Telephone
609 Cotto	1 / 1 / 1 / 1 / 1	Travisa Daw sons Hoctric
Address	///	Email Address Con
25948-1	_	
License #	Machanical/HVAC Contractor Inform	action
	Mechanical/HVAC Contractor Inform	iation
Description of Work	HVAC NSFHOME	010 55 7 3053
	ting and Air	7/9-33 2-303 3
Mechanical Contractor	1 -1 / ///// /	Telephone To SHVACE Gasil. Com
1539 Was	de Stephenson, Holly Springs	Email Address
Address		Email Address
HY31265	5	
License #	Plumbing Contractor Information	on /
Description of Work _	01	# Baths 3 5
All-Max	Phunhing	919-678-0111
Plumbing Contractor's	Company Name	Tolophone
^	liance Ave Apex NC 27539	Vicky@All-Matflumbing.com
Address		Email Address
29022		

\*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

4/10/2020 Date

is as per current fee schedule.

e 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	ır
carrying out the work.	4