

Application # SFD2003-0059

\* 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**

Owner's Name: Kevin & Jessica Byrd	Date: 3-24-20
Site Address: 567 OQUINN RD	Phone: 910 890 - 777
Subdivision: pritate	Lot: privato
Description of Proposed Work:	
General Contractor Informa	ation
CEBEO CONST. INC	
Building Contractor's Company Name	910 984-6765 Telephone
Address	Email Address
14856	
License #	# 10 K-14
Description of Work New House Service Size: 200	Amps TPole: yes/no
	890 -3655
3483 Cameron Qv.	40770
Address	License # _ Ol s
Signature of Officer(s) of Corporation	License # 7 13210
Signature of Officer(s) of Corporation	
Mechanical Permit Informati	ion .
Description of Work New House	15 522 1/222
	19 333 4320 ephone
Address Or O W Clayton Me 2	7520 H3-29077
Chelles Pavel	License #
Signature of Officer(s) of Corporation  Plumbing Permit Information	on -
Description of Work New House	# Baths
Jamie Johnson Plumbing 9 Plumbing Contractor's Company Name Tele	ephone
1490 Clark RO LIllingte De 11. Address/	546 21645
Address/	License #
James Hokason	
Signature of Officer(s) Corporation	
Aluan Ni Te Insulation Permit Information	<u>on</u>
Insulation Contractor's Company Name & Address	Telephone
insulation Contractor's Company Name & Address	relephone
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\*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.

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: 9 1mm 1 Date: 3-24-2020		