

Application # <u>SFD2003-006</u> 7

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 information on license.

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Application for Residential Building and Trades Permit

tion on license.	-1211-0
Owner's Name: Donald Mangum	Date: 3/31/2620
Site Address: Lot 5 ST McNeil Lane	Phone: 919-915-2528
Subdivision: ST Maneill lillington al	Lot: _ 5
Description of Proposed Work: 5FA	Total Job Cost: 85, 000.00
General Contractor Information	<u>1</u>
Lonald Mangum	919-915-2528
Building Contractor's Company Name	List Mad DAX. com
365 Address Road Lillengton NC	Email Address
License #	
Description of Work Electrical Contractor Information Electrical Contractor Information Description of Work Service Size:	Amps T-Pole: Yes No
Tot G Electric Sanford	919-434-4480
Electrical Contractor's Company Name	Telephone
5363 Broadway Road SAntond	Email Address
Address /	Email Address
License #	
Mechanical/HVAC Contractor Inform	nation
Description of Work I medeil Cane Lillieton	NC
Donald Mangum	99-915-2528
Mechanical Contractor's Company Name	Lisa Try god & Aul-com
Address	Email Address
License #	
Plumbing Contractor Information	0
Description of Work TT Mc Neil Lane	# Baths
Plumbing Contractor's Company Name	Telephone
808 removed scheet Novem	
Address	Email Address
11573	
License # Insulation Contractor Information	
Sonald Margun	919-915-2528
Insulation Contractor's Company Name & Address	Telephone
365 Noneington Rd Lillration	

*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 bysigning-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.

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 Date: 3/31)2020	