

Application # <u>SFD2603-066</u>7

\* 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

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Owner's Name: Donald Mangum	Date: 3/31/2420
Site Address: Lot 5 ST McNeil Lane	Phone: 919-915-2528
Subdivision: ST madeill lillington ac	Lot: 5
Description of Proposed Work:	Total Job Cost: 85, 000
General Contractor Information	n Total 300 Cost. 63, 408
1 1 60	
Building Contractor's Company Name	919-915-8528 Telephone
365 oksesheron Road Lillereten No	List Trygod D AX. com
Address	Email Address
License #	,
Floatrical Contract	
Description of Work TI M Ne 11 Crine Contractor Information	Amps T-Polo:
- 12 Cole (CHI) ( Non texce )	919.434-4480
Electrical Contractor's Company Name	Telephone
5303 Brondway Read Samuel	
Address	Email Address
15697-L License #	
Mechanical/HVAC Contractor Inform	nation
Mechanical/HVAC Contractor Inform	nation
Gescription of Work Ime Call Lane Lill nation	NC
Mechanical Contractor's Company Name	9A-915-2528 Telephone
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Mechanical Contractor's Company Name	98-915-2528
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Description of Work Inches Il Lane Lillington  Monus Mangum  Mechanical Contractor's Company Name  365 Noviem on Kood Lillington  Address  License #	PR-915-2528 Telephone Lista Try god & Aut-com Email Address
Mechanical Contractor's Company Name  365 Noviement Road Lillne from  Address  License #	Telephone Lista Try god & Aut-com Email Address
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Mechanical Contractor's Company Name  365 Noviement Road Lillne from  Address  License #	Telephone Lista Try god & Autocom Email Address  # Baths 2
Description of Work Strangery Name  365 Noviews on Road Lillington  Address  License #  Description of Work ST Mc Neil Lane  Farmers LP GAS < Oil Company  Company Name	Telephone Lista Try god & Aut-com Email Address
Description of Work Time Read Little Contractor Information  Description of Work Time New Contractor Information  Earmers IP GAS 5 Oil Company	Telephone Lista Try god & Autocom Email Address  # Baths 2
Description of Work Strangery Name  365 Noviews on Road Lillington  Address  License #  Description of Work ST Mc Neil Lane  Farmers LP GAS < Oil Company  Company Name	Telephone Lista Try god & Aut-com Email Address  Telephone  Telephone
Description of Work of McNeill Lane Lilluston Mechanical Contractor's Company Name  315 November of Road Lilluston Address  License #  Description of Work of Work of Lane Farmers IP GAS & Oil Company Company Name  Address  Address  Address  Address	Telephone  # Baths  Telephone  Email Address  Telephone  Email Address
Description of Work Strangery Name  365 Noviews on Road Lillington  Address  License #  Description of Work ST Mc Neil Lane  Farmers LP GAS < Oil Company  Company Name	Telephone  # Baths  Telephone  # Baths  Telephone  Email Address
Description of Work of McNeill Lane Lilluston Mechanical Contractor's Company Name  315 November of Road Lilluston Address  License #  Description of Work of Work of Lane Farmers IP GAS & Oil Company Company Name  Address  Address  Address  Address	Telephone  # Baths  Telephone  Email Address  Telephone  Email Address

\*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 \$per current fee schedule.

ignature 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 Handley Duner Date: 3/31/2020