

Application	#
Application	

\* 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

ion on license.	
Owner's Name: Ken Dawson Homes, Inc.	Date: <u>04-01-202</u>
Site Address: 31 Snaw Grosse Circle	Phone: (9/9) 422-6979
Subdivision: Bennatt Place	Lot:21
Description of Proposed Work: RSD New Construction	Total Job Cost:
General Contractor Informatio	<u>n</u>
Ken Dowson Homes, Inc.	(919) 422-6979
Building Contractor's Company Name	Telephone
2493 NC ItUK 242 N. Benson, NC 27504	Kenndawso Pohotmail.com
Address	Email Address
59881	
License #	
Description of Work ASD New Construction Service Size:	on Amne T-Pole: Ves No
	199 830-0837
Electrical Contractor's Company Name	Telephone
81 Beauer Oreck Dr. Dunn, N. 28334	Топрионо
Address	Email Address
U.27284	Ellian Madiooc
License #	
Mechanical/HVAC Contractor Inform	<u>nation</u>
Description of Work RSD New Construction	
Rational HUAC	1919 427-746-3
Mechanical Contractor's Company Name	Telephone
917 Hobbs St. Clayton, NC 27520	-
Address	Email Address
L. 22024	
License #	
Plumbing Contractor Information	<u>on</u>
Description of Work RSD New Construction	# Baths
Couble J Plumbin, LLC	(910) 814-2705
Plumbing Contractor's Compa ly Name	Telephone
614 Burd St. Bunnlevel, NC 28323	
Address	Email Address
L. 21649	
License #	
Insulation Contractor Information	
Total Insulation Il 519 Old Dry Store Gamer, NE	(919)661-0999
Insulation Contractor's Company Name & Address 27529	Telephone

\*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

04-01-2020

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:			