COUNTY

1	NORTH CAROLINA		
	· · · · · · · · · · · · · · · · · · ·	Application #	

*Each section below to be filled out by whomever performing work.

Must be owner or licensed contractor. Address, company name & informa

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

tor. Address, company phone must match	Application for Residential Building and	Trades Permit	
ition on license;	GlOVER Planting	Date	9-29-19
Owner's Name:		8334 Phone: 919	R68 0059
Site Address: 454	ITIS Bryant Rd. DUNN NC Z		000001
Subdivision:		Lot: #6	
Description of Proposed			-
П	General Contractor Information	$\frac{\partial \mathbf{n}}{\partial x}$	158(/
_ Danny K		910 890	1504
Building Contractor's Co	entrum Dr Erwin, NC 283	Telephone Therfb	90 yahoo con
Address		Email Address	Jan W
7 1117	2543		
License #	20 (3		
\	Electrical Contractor Information	on	/
Description of Work	Ew Elic Tis to Service Size:	- 10 0	_YesNo
JOSON H. Pote E	lectrical contractors CCC	919 820 08	37
Electrical Contractor's C	ompany Name	Telephone	-11:
81 beaver Cr	eek D. DUNN NC Z8334	Theecorical	Dhotrail. con
Address	90	Email Address	
27284			
License #		action	
	Mechanical/HVAC Contractor Inform	nation	-
Description of Work	FW HUAC INSTAN	015 70- 70	· · · · · · · · · · · · · · · · · · ·
	Jackson	910 242 294	!
Mechanical Contractor's	Company Name	Telephone	
100N 13EST	suite 15 w Erwin, MC 28334		
Address		Email Address	
H-3-1#18515	18219		6
License #	Dismbine Contractor Informatio	n	
	Plumbing Contractor Information		
Description of Work	Sw Plumbing Insta	# Baths	
GLOVER HUN	bing INC	919868 09	07_
Plumbing Contractor's Co	ompany Name	Telephone	800/01/01
304 Quail	nother sangord NGZ 133	GIOVEEDUNGI	METOCKHI NEW
Address		Email Address	1 WM
20160	a		
License #	Insulation Contractor Informatio	n	
Valor.	Insulation Contractor Informatio	910 2379	44/2
Insulation Contractor's Co	ompany Name & Address	Telephone	, , ,
Insulation Contractor's Co	Jilipally Naille & Addiess	. Ciopilolio	

*NOTE: General Contractor / owner must fill out and sign the second page of this application.

Insulation Contractor's Company Name & Address



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 thave 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.

1 1		
1) 1201	0 70 10	
A Sund Buch	9-29-19	
Signature of Owner/Contractor/Officer(s) of Corporation	Date	-

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: Fisher Building Capille Daugh She Date: 9-29-19