

Application #	

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.

Application for Residential Building and Trades Permit

ion on license.	
Owner's Name: Jatona Boukin	Date: 6 - 29 - 200
Site Address: 1025 NC 55 West Coats NC 275	71 Phone: 910-237-8223
Subdivision: N/A	Lot: NA
Description of Proposed Work: New Home	1 - 6 - 6 00 (0)
General Contractor Information	
Bim Builders LLC Building Contractor's Company Name	919 524 58.52
	Telephone
6187 NC 27 Fast, Coats Address	ip. bin 6 hotmail. Com
50541	
License #	
Description of Work Complete Clearing Service Size:	200 Amps T-Pole: Yes No
Byrd Flectric	919 669 3843
Byrd Electric Electrical Contractor's Company Name	Telephone
143 Mingo Road Benson NC 27507	
Address 20.3 CC /	Email Address
<u>20256 - L</u> License #	
Mechanical/HVAC Contractor Inform	nation
Description of Work New HVAC System Complete	
Mechanical Contractor's Company Name	919 897 5501
Mechanical Contractor's Company Name	Telephone
724 Turlington Rd Dunn NC 28334	
Address	Email Address
17164 License #	
Plumbing Contractor Information	o <u>n</u>
Description of Work New Plumbing & lixtures	# Baths
Clancy Plumburg	919 520 5154
Plumbing Contractor's Company Name	Telephone
281 Juries Road Benson NC 27504	
Address	Email Address
15884	
License # Insulation Contractor Information	on
Mingo Insulation 1136 Blue arass Rd Selma NC	919 422 9927
Insulation Contractor's Company Name & Address 21576	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

Jame 29th 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: Dany follord Owner Date: June 29th 2020			