

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

mornauon on license.		and made:		
Owner's Name:	Trevor & Amanda Smith Prince Rd	Jahacan		
Site Address:	Smith Prince Rd	FIRMON	Date: 6 - 5	5-20
Subdivision:	- Kac	Tuguay	Phone: 910 - 985	-0696
	Work: New SfD		Lot:	
- I - I - I - I - I - I - I - I - I - I		Tota	al Job Cost: 210,000	
KMB	Bull General Contracto			
Building Contractor's Co	mpany Name	91	9-669-7/40 phone	
5609 Stew	mpany Name Vart Rol Raleigl M	Telep	phone	
Address	- Roc Editige so	TURGOS K	MDCII @gMail	com
		Ciliai	Address	
Description of Work	(Leu) 5-FO S	Information		
Ludwig Ball	npany Name	of Plant	mps T-Pole: Yes	No
Electrical Contractor's Con	mpany Name	Teleph Teleph	119-664-348	
Address	lge Dr. (reedmoor)	UC Lud	was botola la	
24928	V	Email	vige lectrical @g.	mail. Con
License #				
	Mechanical/HVAC Contract	tor Information		
Description of Work	Altica Charter	War Neu	cen	
Certified Hea	Luca 1 14			
modifical Contractor's Co	mnany Namo	Telepho	0-858-0000	
Address	Hope Mills NC 28348	? elas	n, certified egy	
20012 H2(1		Email Ad	ddress	mail, COM
License #				
	Plumbing Contractor In	formation		
Description of Work/	lew SFD			
- 1 Winton's Plan	nhine	# Baths_	668 11022	
Plumping Contractor's Comm	and NI		-550-4833	
3160 A-Vinson P	d. Clayton NC 2750	RT TPI	Office 2 @ gma	1/1
22/52	/.	Email Add	lress	ilicom
License #				
~ I	Insulation Contractor Info	ormation		
Jatam Inga	lation II		661-0999	
Insulation Contractor's Compa	ny Name & Address	Telephone	001-0979	

*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

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee 6-5- 20 Date

is as per current fee schedule.

Signature of Owner/Contractor/Officer(s) of Corporation

Comparation N.C.G.S. 87-14				
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				
and forth in the nermit				
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: $6-5-20$				
Sign with the same and the same				