

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.	administration of the state of	is remit
Owner's Name: Lee Juliagy	20	Date: 7-28-2020
Site Address: 42 Milanh Mi	ad	Phone: 919 612 7119
Subdivision:		Lot: NA
Description of Proposed Work: Build Sim	gle Family Homer	otal Job Cost: 355,000,00
General	Contractor Information	
_ whittenton Builders		719 427 8465
Building Contractor's Company Name	N N NC 26334 TE	elephone seld whit fortow builders. Com
Address		nail Address
48607		
License #	Contractor Information	
Description of Work Electrical	Service Size:	Amps T-Pole: Yes No
Mably Electrical	C	119 639 4837
Electrical Contractor's Company Name	Tel	lephone
73) Mably Ad. Hugger NO	2750)	
Address V	Em	nail Address
15077 V License #		
	/AC Contractor Information	n
Description of WorkHUAC	Tie Contractor Informatio	11
Becsley Hold		GIA GOU LINIA
Mechanical Contractor's Company Name	Tel	lephone
57 WC Brasley Land Ciails	NC 27521	
Address		nail Address
License #	Comfractor late and d	
Description of Work Phanking	Contractor Information	7
51 6.0 10 10 10 10 10 10 10 1	^	119 963 9630
Plumbing Gentractor's Gompany Name		
2287 Parker Ad. Four Caks.	NC 27524	ephone
Address		ail Address
20015		144,000
License #	_	
Taken Indulation 519 DIN May 5	Contractor Information	719 661 0999
Insulation Contractor's Company Name & Address		ephone
barner nc	27529	
*NOTE: General Contractor / owner must	fill out and sign the secon	nd 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

7-28-2020

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:
Sign Willie: Processing 1. 19 way 11 Date: 1 de 2020