Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match

## 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

	~ 10 .10 · · ·
Owners Name Stephenson Builders Inc.	Date 7 20 2020
Site Address 49 Margow Farm Dr. Lillington Ph	ione 9197307802
Directions to job site from Lillington Hay 401 H. Left ordo morgan	farm drive
a I mile from hospital on left.	
Subdivision Margan Form Lo	1 2
Description of Proposed Work New Single Family Home #	of Bedrooms
Heated SF 3593 Unheated SF 1200 Finished Bonus Room? Yes Crawl General Contractor Information	Space VSlab
Building Contractor's Company Name Telephone	30-7802
Address Releigh St. Angree NC 27501 clrew 2 stept	ess builders com
License #	
Description of Work Home Service Size 200 Amps	T-Pole YesNo
Austra Dean Electrical Contractor 919.66 Electrical Contractor's Company Name Telephone	9-0063
2793 Baptist Grave Rd. Fugury 27526 aidean Email Address	4330 Dychoo.com
L 29839	
License #  Mechanical/HVAC Contractor Information	
Description of Work New Home	552. 3053
Mechanical Contractor's Company Name  Telephone	
1539 Words Statement Road Holly Sooks 27510	-
Address Email Addr	ess
12655	
License # Plumbing Contractor Information .	
	1.5
W /	57-1584
Plumbing Contractor's Company Name  Telephone	
7229 Ock Village Way Frauer 27526	
Address Email Add	ress
18903	
License # Insulation Contractor Information	
Stephens Ruilding Products 9196	
Insulation Contractor's Company Name & Address  Telephone	

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/Contradior/Officer(s) of Corporation  7 20 2020  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	
Company or Name Stephenson Buildes Inc.	
Sign W/Title Ruh Jr President Date 7/20/2020	