

Application # _____

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. Harnett County Central Permitting
FO Bux of Lillington, NO 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

on on license.		1.1
Owner's Name:H4	SKINS FAMILY TRUST C/O STAVEN	ANOKINS Date: /// 202
Site Address: 2	ZIZ Plei'lls Creek Rdi	Phone:
Subdivision: N/		Lot:
Description of Propose	d Work: SFN	Total Job Cost: \$ 142000
	General Contractor Information	
Moss Hume	BUILDERS & KEARTY INC	(910) 890-2111
Building Contractor's Company Name		Telephone
	WILLINGTON, NC 27546	
Address		Email Address
18637 License #	HEATED SQ FT GARAGE SQ	FT
	Electrical Contractor Information	
Description of Work		Amps T-Pole:YesNo
		(910) 814-3751
Electrical Contractor's		Telephone
4212 OLD US 4	21 LILLINGTON, NE 27546	=
Address		Email Address
2(643 'License #	NAMES OF THE PARTY	
License #	Mechanical/HVAC Contractor Inform	ation
Description of Work		
		(a) 60d /210
Mechanical Contractor's Company Name		(9/0) 894 - 4248 Telephone
57 WAR DEA	Site Late Courte	relephone
Address	SLEY LN , COATS, NC.	Email Address
9497	1	Littali Addioso
License #	_	
	Plumbing Contractor Information	1
Description of Work		# Baths
MILLIFORD PL	MA MA	919 915-0.533
Plumbing Contractor's	Company Name	Telephone
865 JERNIGA	NLOSD RD DUNNINE	
Address		Email Address
30747		
License #		
CONTRACTOR TO	Insulation Contractor Informatio	" (a.a.)
DIE PALNS BL	14 Pashucis	919 630 8365
msulation Contractors	s Company Name & Address	Terephone

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

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		
Sign w/Title: Date:		