PO Box 65 Lillington, NC 27546 Telephone Number 910-893-4759

Owner's Name: Principle Start Pro Address: III Novth Daketa Directions to job site:	Cit. Soving Lake Nr. 28390	Date: 0 11(0/2020)
Directions to job site.	<u> </u>	
Subdivision: SPra Villos Construction Type: (Please Check) New Renovation Addition Moved House Other Description of Proposed Work: New Total Project Cost:	Building Use: (Please ✓ Residential — Modular — Commercial — Multi-Family SFR	
,		
Heated SFCrawl Space () Unheated SFSlab (/) Same us Owner Building Contractor's Company Name POBOX 53198, Fourthwill, No. Address Signature of Officer(s) of Corporation	Acres Disturbed	9-0019
Description of Work New 1950 TS Pole: Yes () No () Underground Permanent Service: Underground () Southern Price Electrical Contractor's Company Name 370 Slapout Rd. Mt. Olive 1834 Address Signature of Officer(s) of Corporation	Overhead () Service Size: VICES	Amps
*		
Description of Work NEW Inst	stem <u>SPII+</u> Mecha — <u>910-858</u> Telephone	anical Cost \$
Signature of Officer(s) of Corporation		
	Plumbing Cost S 919-902-7 Telephone 34800 License #	\$ 0990
Insulation Contractor's Company Name	Address NC 2	8312 Telephone
	Page 1 of 3	06/04

Sprinkler System Information Sprinkler Contractor's Company Name Telephone Contact Person Address License # Signature of Officer(s) of Corporation Fire Alarm System Information Fire Alarm Contractor's Company Name Telephone Contact Person Address License # Signature of Officer(s) of Corporation **Driveway Access** NC Department of Transportation Driveway Access/Permit?

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 if any changes occur in the above contractors certify it is my responsibility to notify the Harnett County Inspections Division of any changes

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

Date

N.C.G.S. 87-14

The undersigned	d applicant for Building Permit # being the:
	Contractor Owner Officer/Agent of the Contractor or Owner
Do hereby con performing the w	firm under penalties of perjury that the person(s), firm(s) or corporation(s) vork set forth in the perm <mark>it</mark> :
,	Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
	Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
	Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.
	Has/have not more than two (2) employees and no subcontractors.
compensation ins	n the project for which this permit is sought it is understood that the Central artment issuing the permit may require certificates of coverage of worker's surance prior to issuance of the permit and at any time during the permitted work firm or corporation carrying out the work.
Firm Name:	FSRES Ing
By/Title:	2 DW President
Date:	9/11e/2020