

Applic	ation #	

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/occupier or licensed contractor. Address, company name & phone must match informati

## **Application for Residential Building and Trades Permit**

ion on license.	
Owner's Name: Pro Cost Homes Isic	Date: )0-(0-20
Site Address: 111 Thorstonic Creck Rd. Erwin NC	Phone: 919-868-4461
Subdivision: Thornton's Creek	Lot: 4
Description of Proposed Work: Single family residence	Total Job Cost: # 180,000,00
General Contractor Information  Building Contractor's Company Name  Hous Journal No. 27603  Address  51393  HEATED SQ FT 1994  GARAGE SQ  License #	919-868-4461 Telephone  1508-970 gmail. com Email Address  FT 527
License #  Mechanical/HVAC Contractor Inform	ation
Description of Work New Single Family residence  My HVAC Bys UC  Mechanical Contractor's Company Name  646 West Valley Price Four Oaks NC 27524  Address  34239	919-796-8129 Telephone Myhvacquyshc & yahoo. com Email Address
License # Plumbing Contractor Information	n.
Description of Work New single fantly cesidence  Jason Darefort  Plumbing Contractor's Company Name  5476 Timothy Rd, Dinn NC 28334  Address 2064- P-1	# Baths 2  # Baths 2  910-514-0781  Telephone  [ASAL Careford & yahas.com Email Address
Insulation Contractor Information  Insulation Contractor Scompany Name & Address  17520	919-291-2438 Telephone

\*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 <a href="bysigning below I have obtained all subcontractors">bysigning below I have obtained all subcontractors</a>
<a href="permission to obtain these permits">permission to obtain these permits</a>
and if <a href="main-any">any</a> 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.

<a href="main-any">EXPIRED PERMIT FEES - 6</a> 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 carrying out the world.