

Application # SF02010-0097

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Cook co	ction below to be filled out	PO Box 65 Lillington, NC 27546	
	ever performing work.	910-893-7525 Fax 910-893-2793 www.hamett.org/p	permits
	wner/occupier or licensed		
name & p	Address, company hone must match	Application for Residential Building and Tra	des Permit
informatio	n on license:	who land of May the	- 15h1
	Owner's Name:	EMBELLIA FORMES, JAC.	Date: 8 73 /21
	Site Address: 14	7 Hearth Dt. Lillington No	Phone: 910-891-454
	Subdivision:	ach alek	Lot:
	Description of Propose	ed Work: New Single Family	Total Job Cost 174 500,00
		General Contractor Information	0. 10- 1/21/5
	Cumper land	of Homes. Tur.	910-892-4345
	Building Contractor's C	Company Name	Telephone //
	P.O. Box 5	127 DUAN N.C. 28335	NOTTIS DU LUNGARDUDALE QU
	Address		Email Address
	59493	HEATED SOFT 2353 GARAGE SO	1 8/4
	License #		
		NSF DWELLING Service Size:	200 Amps T-Pole: Ves_No
	Description of Work _	NOT WELLING Service Size: 2	a12 Was - 5288
	Wester +	Pall Elleric	719-799-5509 Talanhana
	Electrical Contractor's	Company Name	Telephone
	546 festi	e Dr. Santora, NC	NA
	Address		Email Address
	12007-U		
	License #	the deal was a second to the s	ation
		Mechanical/HVAC Contractor Inform	ation
	Description of Work _	NSF DWELLING	010 370 0/0/
	Stephenson	3 Heating + Peit	919-329-0686
	Mechanical Contracto		Telephone
	343 Shi	owash Dr., Garner Ne	To a second seco
	Address,		Email Address
	18644		And the second of
	License #		
		Plumbing Contractor Informatio	<u>n</u>
	Description of Work	NSF Dwelling	# Baths
	David Ba	Ker Plunchus	919-422-5920
	Plumbing Contractor	s Company Name	Telephone
	2243 Hu	5 39 Zebulon, N.C.	N/A
	Address		Email Address
	8704		
	License #		
	-1.	Insulation Contractor Information	000 010-111 0000
	1ATUM.	INSMATING	919-661-0999
	Insulation Contractor	's Company Name & Address	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 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

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

8/25/26

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. Sign w/Title: Date 3 25/2/