

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

Application for Residential Building and Trades Permit

tion on license.	12/12
Owner's Name: Fighthe Boilding Group I Site Address: 65 Big Jay Erwin, NC 28339	Date: 16-4-0
Site Address: 65 Big Jay Erwin, NC 28339	Phone: 910-890-1504
Subdivision:	Lot:
Description of Proposed Work: NEW House	Total Job Cost 450,000.00
General Contractor Information	1 0 . 2 . 2 . 2 . 2 . 2 . 2 . 2
Building, Contractors Company Name	910-890-1504
Building Contractor's Company Name	Telephone
604 WONDER TOWN DT. KIWIN, NC 28539	OF HEET BY CYCLOO COM
Address // // // // // // // // // // // // /	Email Address
Building Contractors Company Name 604 WONDER TOWN DT. ETWIN, NC 28339 Address 72543 HEATED SQ FT 1605 GARAGE SC License #	Q FT
Description of Work NEW HOME WIFE Service Size:	<u>n</u> .
Description of Work NEW NOME WIFE Service Size:	
News & River Flectric, Tric Electrical Contractor's Company Name	919-740-7086 Telephone
	Telephone
Z416 New Belled Church of growth, NK Z7539 Address	Email Address
L-30031	
License #	<u></u>
Mechanical/HVAC Contractor Inform	lation
Description of Work NEW HOLE Try tale	012 712 7011
Mechanical Contractor's Company Name	910-242-2941 Telephone
Mechanical Contractor's Company Name 100 N 1345 Suite 15 W Erwin, NC Address 162 14 10016 28379	relephone
Address 20270	Email Address
H-3-1#18515	Email / Idai 000
License #	
Plumbing Contractor Informatio	<u>n</u>
Description of Work NEW Boild.	# Baths
WESley David Dailey	910 584 5095
Flumbing Company Name	Telephone
Address	WESEY dailey 71 29Mad, COM
77070 Z7501	Email Address
License #	
Insulation Contractor Information	
HOLOMO INSULATION	419-567-5110
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 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 work.
Sign w/Title: Date: 12420