

Application #

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 information on license.

Application for Residential Building and Trades Permit

n on license.	1 11-20
Owner's Name: Loyd Landry	Date:
Site Address: 1227 Lawrence Road Bre	adwy Phone: 910-624-8
Subdivision:	Lot:1
Description of Proposed Work: New House	Total Job Cost: 279010
General Contractor Info	ormation
Landy Builders Inc.	910-624-8354
Building Contractor's Company Name	Telephone
6212 Yorkie CT, Stedman, NC, 28391	Telephone Loyd Landy 3 0 g
Address	Email Address
59561 HEATED SQ FT 2370 GAR	RAGE SQ FT 580
License #	
Description of Work Service	ormation Amps T-Pole: Ves No
Allman Electric	910 - 485 - 8617
Electrical Contractor's Company Name	Telephone
345 Wilkes Rd Facultarille 16	Тејерпопе
345 Wilkes Rd, Fagetheville, NC Address	Email Address
6136- W	
6136- W	
License # Mechanical/HVAC Contractor	
6 / 36 - U License #	
License # Mechanical/HVAC Contracto Description of Work	or Information
Mechanical/HVAC Contractor Description of Work Certifical Heating + Air Mechanical Contractor's Company Name	
Mechanical/HVAC Contractor Description of Work Certifical Heating + Air Mechanical Contractor's Company Name	916-858-0000
License # Mechanical/HVAC Contractor Description of Work Certifical Heating + Air Mechanical Contractor's Company Name 207 W. David Parme (1) Address	916-858-0000
License # Mechanical/HVAC Contractor Description of Work Certified Heating + Air Mechanical Contractor's Company Name 207 W. David Parme (1)	Telephone
Mechanical/HVAC Contractor Description of Work Certifical Heating + Air Mechanical Contractor's Company Name 207 W. David Parme (1) Address 20012 License #	Telephone Email Address
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License # Mechanical/HVAC Contractor Description of Work Certifical Heating + Air Mechanical Contractor's Company Name 207 W. David Parme (1) Address 20012 License # Plumbing Contractor Inf Description of Work	# Baths 3 1/2 910 - 676 - 8426
License # Mechanical/HVAC Contractor Description of Work Certifical Heating + Air Mechanical Contractor's Company Name 207 W. David Paraell Address 20012 License # Plumbing Contractor Inf Description of Work Triaity flumbing Plumbing Contractor's Company Name	Telephone Email Address # Baths Formation # Baths
License # Mechanical/HVAC Contractor Description of Work Certified Heating + Air Mechanical Contractor's Company Name 207 W. David Parme II Address 20012 License # Plumbing Contractor Inf Description of Work Triaity Flumbing Plumbing Contractor's Company Name 1989 Wilmington Harry Fay, NC	# Baths 3 1/2 910 - 676 - 8426 Telephone
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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.	
Total forder	1-11-2021
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Compentation The undersigned applicant being the:	sation N.C.G.S. 87-14
General Contractor Owner Offi	icer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person(set forth in the permit:	s), firm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtained wo	orkers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has obtained them.	ed workers' compensation insurance to cover
Has one (1) or more subcontractors(s) who has their o covering themselves.	own policy of workers' compensation insurance
Has no more than two (2) employees and no subcontra	actors.
While working on the project for which this permit is sought it Department issuing the permit may require certificates of cove to issuance of the permit and at any time during the permitted carrying out the work. Sign w/Title:	erage of worker's compensation insurance prior