

REVINED APPYCHTION

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

name & phone must match	Application for Residential Bu	ilding and Trades Permit	
information on license.	De Alynn Lord	7	
Owner's Name:(TATTSMEN CONS	-	Date:
Site Address:	TOSEPH HEXPISET DI	HAMAN Pho	one: <u>910 - 892 - 439</u>
Subdivision:	albra woods	Lot	
Description of Propos	sed Work: NSF Dull	Total Job C	ost: 220,000.0
	General Contracto	or Information	1/21/5
Cumperten	of Homes. The.	910-84	2-4345
Building Contractor's		Telephone	010.
P.O. Bex	727 Dun M.C. 083	35 NOTTIS BU	blingaroup 16
Address		Email Addre	ess //
59493	HEATED SQ FT 2/17	GARAGE SO FT 765	and the section and
License #	Electrical Contract	for Information	
Description of Work	NSF Dwelling	Service Size: 200 Amps	
	ARTHUR JUNICE	919-	232- 1928
Electrical Contractor	s Company Name	Telephone	
5810 BENSON	HANDLE KAD, BENNY		<u> </u>
Address		Email Addre	ess
28206			
License #	Mechanical/HVAC Con	stractor Information	
	A// E Destallar	Itractor intornation	
Description of Work	NSF DWelling	ala	329-0686
5tephenson	3 Heating + Hit		2210808
	tor's Company Name	Telephone	
	pwash Dr., Garne	Email Addr	220
Address 44	(Elliali Addi	655
License #	Plantin Control	ter Information	
	Plumbing Contract		
Description of Work		# Baths	
DAVID BAIL	al plumbing	919-	422-5920_
Plumbing Contracto		Telephone	
	Hwy 39, ZEBLUN NC	Email Add	ress
Address			
8704			
Licerise #	Insulation Contra	ctor Information	111 -000
TATUM	Insulating	919-	661-0999
Insulation Contracto	or'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.

Date

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:			