

Lot 121 BINS

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

Application for Residential Building and Trades Permit

ion on license:	
Owner's Name: TED Stown Court	Date:
Site Address: Joseph Alexander St.	Fugury Phone: 910-892-4345
Subdivision: Ballard WDODS	Lot: 121
Description of Proposed Work: NSF Dwell	Na Total Job Cost: 205,000.00
Building Contractor's Company Name P. O. Box 727 Dun, N.C. 28335 Address 59443 HEATED SQ FT 25/64 License #	Telephone Morris burlingarry nce and Email Address
Electrical Contractor	ervice Size: 200 Amps T-Pole: Ves No Q\Q - 499 -5380 Telephone
12001-0	
License # Mechanical/HVAC Contra	actor Information
Description of Work NSF Dwelling	
Stephenson's Alexand VALIT Mechanical Contractor's Company Name	919-329-0686 Telephone
343 Shipwash Dr., Garner, 1 Address 18644	Email Address
License #	u lufa varakla u
Plumbing Contractor	TO THE PERSON OF
Description of Work NSF DWENING	#Baths
Plumbing Contractor's Company Name	- Telephone
2245 NC MUY 39, ZORULON NC	NA
Address	Email Address
8704	1 1
License #	r Information
TATUM INSAlativa	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.

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.
Lever Mons
Signature of Owner/Contractor/Officer(s) of Corporation 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
General Contractor Owner Oncer/Agent of the Contractor of 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.