

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	Irades	Permi
-----------------------------	----------	-----	--------	-------

ion on nocing.	
Owner's Name: Ever Morales Bautista	Date: 01/13/2021
Site Address: 1 Carson Gregory Rd Angi	Date: 01/13/2021 er VC ²⁴⁵ 01 Phone: 919 - 520 - 926 0
Subdivision:	Lot:
Description of Proposed Work: Building New Residential House	Total Job Cost: \$300.00
General Contractor Information	
Ever Moraks Bautista Building Contractor's Company Name	919 - 520 - 9260 Telephone
119 Tranquil Ln Willow Spring Nc 27592 Address	Email Address
HEATED SQ FT 4092 GARAGE SC	PFT 862
License #	
Description of Work Electrical Contractor Information Service Size:	<u>n</u> Amps T-Pole:YesNo
Ever Morales Bautista Electrical Contractor's Company Name	(919) 520 -9260 Telephone
19 Tranquil Ln willow spring NC 27592 Address	Morales. 84@ Live. Com Email Address
License # Mechanical/HVAC Contractor Inform	ation
Description of Work Mechanical	
Ever Mordles Bautista	(919) 520-9260
Mechanical Contractor's Company Name	Telephone
19 Tronguil Lane Willow spring NC 27592 Address	morales -84@ Live Com Email Address
License #	1 , 5
Plumbing Contractor Informatio	
Description of Work Plum bing	# Baths
Plumbing Contractor's Company Name	(919) 520 - 9260 Telephone
119 Tranquil Ln Willow spring NC 27592 Address	Email Address
License #	
Insulation Contractor Informatio	<u>n</u> ,
Ever Mordles Bautista	(919) 520-9260
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 bysigning 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

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: