

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

don on icense.	
Owner's Name: Stephenew Builders Ire	Date: 1/21/21
Site Address: 25 Murgan form Drive	
Subdivision: Margan Farm	
Description of Proposed Work: New Single Femily Have	
General Contractor Information	
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Building Contractor's Company Name	730 7802 Telephone
460 Asley Rd Repay Valore NE 21526	drew a Stephenson Builders. 10-
Address	Email Address
53004 HEATED SQ FT 281 GARAGES	
License #	
Electrical Contractor Information	
Description of Work New Home Service Size:	
Dogn Electric LLC	919 669 0063
Electrical Contractor's Company Name	Telephone
2793 Sephsl Grave Ra France	
Address	Email Address
L 29839	
License #	
Mechanical/HVAC Contractor Inform	nation
Description of Work New New New	<u>nation</u>
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Mechanical/HVAC Contractor Information of Work Description of Work New Hore Mechanical Contractor's Company Name 1539 Wave Stephenen 2d Address License #	G 19 55 à 3053 Telephone Email Address
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Mechanical/HVAC Contractor Information of Work Description of Work New Hore Mechanical Contractor's Company Name 1539 Wave Stephenen 2d Address License #	G 19 552 3053 Telephone Email Address # Baths 2.5
Mechanical/HVAC Contractor Information Description of Work COMMENT NEW HAVE Description of Work New Have New Have Plumbing Contractor Information	919 553 3053 Telephone Email Address n # Baths 2.5 919 557 1589
Mechanical/HVAC Contractor Information Description of Work New Home OCHUPAC Mechanical Contractor's Company Name 1539 Wark Stephenen Rd Address License # Plumbing Contractor Information Description of Work Candless Plumbing & Repair Plumbing Contractor's Company Name	G 19 552 3053 Telephone Email Address # Baths 2.5
Mechanical/HVAC Contractor Information Description of Work CHY AC Mechanical Contractor's Company Name 1539 Was Stephenson 2d Address License # Plumbing Contractor Information Description of Work Carreless Plumbing Contractor Information Plumbing Contractor's Company Name Description Contractor's Company Name Description Of Work Address	919 553 3053 Telephone Email Address n # Baths 2.5 919 557 1589
Mechanical/HVAC Contractor Information Description of Work	G 19 552 3053 Telephone Email Address on # Baths 2.5 919 557 1589 Telephone
Mechanical/HVAC Contractor Information Description of Work TO HV AC Mechanical Contractor's Company Name 1539 Wack Stephenen Rd Address License # Plumbing Contractor Information Plumbing Contractor's Company Name Description of Work Candless Plumbing Contractor Information Plumbing Contractor's Company Name Description of Work Address 18403 License #	G 19 553 3053 Telephone Email Address # Baths_ 2.5 914 557 1589 Telephone Email Address
Mechanical/HVAC Contractor Information Description of Work TO HV AC Mechanical Contractor's Company Name 1539 Wack Stephener 2d Address License # Plumbing Contractor Information Plumbing Contractor's Company Name Plumbing Contractor's Company Name The Dark Villy Way Fugury Address 18403 License # Insulation Contractor Information	Telephone Email Address Paragraph # Baths 2.5 914 557 1589 Telephone Email Address
Mechanical/HVAC Contractor Information Description of Work CHY AC Mechanical Contractor's Company Name 1539 Was Steptenen 2d Address Description of Work Cardins Plumbing Contractor Information Plumbing Contractor's Company Name Description of Work Plumbing Contractor's Company Name Description of Work Insulation Contractor Information	G 19 553 3053 Telephone Email Address # Baths_ 2.5 914 557 1589 Telephone Email Address

*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.

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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: Date: 1 24 24