

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

on on license.		11 41	i i
Owner's Name:	umperland bome	Sight	Date:
Site Address: 46	Joseph Alexande	'r Dr., Fugu	My Phone: 910-892-4345
Subdivision: Bar	lard weeds		Lot: 158
Description of Propose	ed Work: NSF Dure	llme_ To	otal Job Cost: <u>195,000.00</u>
0 1 (	General Contrac	tor Information	2. 12. 1/21/5
Cumperano	& Homes, we.	9	10-842-4345
Building Contractor's C		Te	elephone
F.C. Box	127 Dun, M.C. 28	995 N	nail Address
Address Falfa3	72//	2 3	
License #	HEATED SQ FT 234	E GARAGE SQ FI	1000
	Electrical Contra	ctor Information	
Description of Work	NSF Dwelling	_ Service Size: ZU	20 Amps T-Pole: Ves No
- Weste	of 2 Pace to	S(TI)	914-499-5389
Electrical Contractor's		ATTACA TO THE PARTY OF THE PART	elephone
Address	eslie Dr. So	Wara 100	mail Address
12007-1	1		
License #	<b>~</b>		
# c   4   6   6   6   6   6   6   6   6   6	Mechanical/HVAC Co	ontractor Information	<u>on</u>
Description of Work	NSF Dwelling		010 770 0/8/
Stephenson	5 Heating + Pit		919-329-0686
Mechanical Contracto	r's Company Name		elephone
	owash Dr., Garne	E E	mail Address
Address 444			mail Addition
License #	<del> 1</del>		
	Plumbing Contra	actor Information	
Description of Work_	NSF DWELLING	#	Baths
DAVID BAKE		_	919-422-5920
Plumbing Contractor's			elephone
2245 NC HU	of 39, Zerian NC	. =	MA Email Address
Address		NE E	Illali Address
\$704 License #			
		actor Information	2.2 111 -222
1Atum I	Mating		914-661-0999
Insulation Contractor'	s Company Name & Address	T	elephone

\*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.

Janua Hones		
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:				