

Application # _____

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

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: James + Rense corrin	Date: 1-6-2021
Site Address: 2796 Norrington Rd	Phone:
Subdivision:	
Description of Proposed Work: New Nome construction	
General Contractor Information	
JAR HOMES LLC Building Contractor's Company Name	919-628-8638
Building Contractor's Company Name	Telephone
2515 Wation Are Suite-A Address	Email Address
84436 License #	
Electrical Contractor Information	<u>n</u> 5 5
Description of Work Service Size:	200 Amps T-Pole: MYes UNo
Butarel Electric	910- 491-5490
Electrical Contractor's Company Name	Telephone
Address St. fayatteville, NC 28306	Email Address
3/ 424	
License #	4:
Mechanical/HVAC Contractor Inform	
Description of Work Home	
Mechanical Contractor's Company Name	Talanhana
A COLUMN TO THE	Telephone
Address 190 Clayfon, Nr 27528	Email Address Carolina Confort Dir. con
31 589	Littali Address
License #	
Plumbing Contractor Information	
Description of Work New Hove	_# Baths3
Titan's Plumbing	919-902-0990
Plumbing Contractor's Company Name	Telephone
1634 Brook Fern Way Raleigh, Nr 27609 Address	Email Address
34800	
License #	
Insulation Contractor Information	
Tri City Insulation + Building Insulation Contractor's Company Name & Address	910-486-8855
insulation Contractor's Company Name & Address	Telephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.



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

1-6-2021

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:	