

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/occupier or licensed contractor. Address, company name & phone must match information on license.

## Application for Residential Building and Trades Permit

on on license.	
Owner's Name: 13 rend 1 Shass	Date: 1.29.7
Site Address: 232 Vic Keith Road	Phone:
Subdivision: Doffalo LAKA	Lot: 435
Description of Proposed Work: New Home	Total Job Cost: 204,000
General Contractor Information	
	9197700776 (8)
Building Contractor's Company Name	Telephone
PO BOX 2399 SAN END N= 50	uthernowindstrea
Address \ \ \tag{-1.0}	Email Address
1810	100
License # HÉATED SQ FT GARAGE SQ FT	
Electrical Contractor Information	1
Description of Work New 16 Max Service Size:	20 Z Amps T-Pole:YesNo
Willia Bleetrie	919.7700472
Electrical Contractor's Company Name	Telephone
454 WOMACH LAKE Rd SAN GOLD	
Address	Email Address
10908	
10908 License #	
Mechanical/HVAC Contractor Information	
Description of Work New Hom	
Center HTG & A/C	9197752500
Mechanical Contractor's Company Name	Telephone
511 E Main St sanford	
Address	Email Address
104627	
License #	
Plumbing Contractor Information	
Description of Work New Jone	_# Baths
Mill Leslic	919 4997120
Plumbing Contractor's Company Name	Telephone
1366 Cotten Road Sanford	
Address	Email Address
License #	
Insulation Contractor Information	
Insulation Installers Santon	9197701974
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 Hamett 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.

of Corporation

Signature of Owner/Contractor/Office

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	
Sign w/Title: Date: 1-29-21	