Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match 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

Owners Name Ates Building Inc	Date <u>5-9-13</u>
Site Address 447 Pittfield Run, Comeron, NC 2832	6 Phone 910-481-0503
Directions to job site from Lillington	
Subdivision Manars @ Lexington Plantation Part	282 Lot 656
Description of Proposed Work Single + Amily Owelling # of Bedrooms _ T	
Heated SF 223U Unheated SF S94 Finished Bonus Room? r General Contractor Information	O Crawl Space Slab
Cates Building, INC	910-481-0503
Dudden Contractors Company Name	Telephone
639 Executive Place, Suite 400 Fagetteville Address NC 28305	Email Address
3885/	
License #	
Description of Work Service Size _	Amps T-PoleYesNo
Electrical Control Tarheel Electric	910-303-2334
Electrical Contra	Telephone
PO. BOX 458 Stedman NC 2839/	Fmail Address
Address 2985-4	Zinan zisa ess
License #	ation
Mechanical/HVAC Contractor Information	
Carolina Comfort air, Inc	919-550-7711
Mechanical Contractor's Company Name	Telephone
5212 US HWY	
Address	Email Address
License #	
Plumbing Contractor Information	1
Description of Work	_# Baths
Vance Johnson Plumbing Plumbing Contractor's Company Name	910-424-6712 Telephone
3242 mid Pines Dr. Fayetteville NC 28306	Email Address
Address	Elitali Address
7756 - PI License #	
Insulation Contractor Information	
Cumberland Insulation 4205 Clinton Road	910-484-7118 Telephone
Insulation Contractor's Company Name & Address Fayetteville, NC 28312	1 diephone

*NOTE General Contractor 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

Signature of Owner/Contractor/Officer(s) of Corporation

2.8:2

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14	
The undersigned applicant being the:	
X 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.	
$\frac{x}{\text{covering themselves}}$. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance	
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: - President Date: 2-8-21	