

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 informat

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

<b>Application for Residential Building and Trades Perm</b>	Application	or Residentia	I Building and	d Trades Permi
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tion on license.	
Owner's Name: Len Veuson Hemes, Inc.	Date: <i>02-19-3031</i>
Site Address: 152 Williams Rd. Coats, NC 2752-1	Phone: <u>919 422 6979</u>
Subdivision://A	Lot:/A
Description of Proposed Work: Sink family Residuation	Total Job Cost: #175,000.50
General Contractor Informatio	<u>n</u>
Len Churcon Henry, Inc.	919 422-6979
Building Contractor's Company Name	
2493 NC 13W4 242 N. Benson, NC 27540 27504 Address	Telephone  Lennokusen Pholmoid . com  Email Address
59881 HEATED SQ FT 1341 GARAGE S	OFT_528
License #	
Electrical Contractor Information	On Amma T Balay / Vac. No.
Description of Work Single Family Residential Service Size:	Amps 1-Pole. V resNo
Electrical Contractor's Company Name	419-820-837
A A 1711	Telephone
81 Beaver (reck Dine Jum, NC 28334	Email Address
Address	Email Address
<u>U. 27284</u> License #	
Mechanical/HVAC Contractor Inform	mation
Description of Work Single Fundy Royalestics	
Description of voice State The State of	919 427.7463
Mechanical Contractor's Company Name	Telephone
917 Hobbs St. Clayton, NL 27520	
Address	Email Address
L,220H	Email / Idai ooo
License #	
Plumbing Contractor Information	<u>on</u>
Description of Work Single Fundy Residential	# Baths 2
Double 5 Phylin Ist	910-814-7703
Plumbing Contractor's Company Name	Telephone
614 Byd St. Bumberl, NC 28323	
Address	Email Address
L-21649	
License #	
Insulation Contractor Information	
Twen Insolution II, 519 Old Vry Stone Rd. Corner, NE	(919)661-0999
Insulation Contractor's Company Name & Address 27534	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 Harnett County Central Permitting Department of any and all changes.

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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: 0319-3021