

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. Southern Living trestition requires 1 control to			abile:
Owner's Name: Stephenson Brilders Fre (Applicant)		Date:	301121
Owner's Name: Steptenson Brilders For (Applicant) Site Address: TRO Simply Camby Lane.	Phone:	919	730 1801
Subdivision: Margan tarm	Lot.	04	
Description of Proposed Work: New House	Total Job Cost:	300,0	000
General Contractor Information			
Stephenson Builders For	919 730	780	13
Building Contractor's Company Name	Telephone		
460 Ausley Rad Figury-Vanhe NC 27526 drew Address	Email Address	ulders.	lom
5360Y HEATED SQ FT 2604 GARAGE SQ			
License #			
Description of Work New Home Service Size: 2	200 Amps T-I	Pole: V	YesNo
	919 669	0013	
Electrical Contractor's Company Name	Telephone		
2793 Beptist Grave Rd Figury 27520			
Address	Email Address		
L 29839			
License #	ation		
Mechanical/HVAC Contractor Information	ation		
Description of Work New Hane	919 552	305	7
JC HVAC	Telephone	500	
Mechanical Contractor's Company Name	Totopriorio		
1539 wade Stepleman Rd Holly Spring 27540	Email Address		
Address			
Plumbing Contractor Information	<u>n</u>		
Description of Work New Howe	_# Baths2,5	10	
Canday Plynby of Repair U.C.	919 55	1 15	84
Plumbing Contractor's Company Name	Telephone		
7225 Oak Villye way fragery 27524	Email Address		
Address	Email Address	•	
18903			
License # Insulation Contractor Information	<u>on</u>		1980s
Stephens Rilda Products LLC	919 6	30	83Ce5
Inculation 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 Harnett County Central Permitting Department of 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 Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: Officer/Agent of the Contractor or Owner Owner General Contractor 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