

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

Application # SFD 2106 - 0054

## Application for Residential Building and Trades Permit

Oursels N		
Owner's Name: Keith Bullock Builders, In	ic	Data: 7-9-71
Site Address:	Dhan	Date. 1770
TO PORTER BOILDES Minor Cal	1 -4	e: 919-427-4628
Description of Proposed Work: New Single Family	Total Job Cos	200 000
Keith Bullock Builders To	<u></u>	
Building Contractor's Company Name	Telephone	7-4628
Address 47504	Kbbino	140 amail-com
47504 HEATED SQ FT/470 GARAGE SC	Email Address	3
License # HEATED SQ FT/470 GARAGE SC	QFT 484	
Description of Work New Service Size:	on .	
Service Size:	200 Amps T-	Pole: Yes No
DEUT FIELLEIGH LL		9-6063
Electrical Contractor's Company Name	Telephone	1 400
2793 Baptist Grove Rd. Fugury		
29839-6	Email Address	
License #		
Mechanical/HVAC Contractor Inform		
Description of Work _ New	ation	
	0.0	_
Mechanical Contractor's Company Name	9/9-5	52-3053
1539 wade Stephenson 2d. Hully Spings	relephone	
	Email Address	
H-3 12655	Linaii Address	
License #		
Plumbing Contractor Information	1	
Description of Work New	# Baths 2	
LR Colores Phanking Inc	919-80	4-5892
Flumbing Contractor's Company Name	Telephone	1 3312
Address 764 Benson		
	Email Address	
Po 7958		
Insulation Contractor Information		
110 1		
Insulation Contractor Information  Insulation Contractor's Company Name & Address	Tolopho-	79-9000
,	elephone	
*NOTE: Ganaral Contractor (		
*NOTE: General Contractor / owner must fill out and sign the se	cond page of th	is 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 contractors is correct as known to me and that by signing Delow I have obtained all subcontractors number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use 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.

AM Bullak

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.
them. Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover
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: