

Application # SFD2108-0057

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

Application for Residential Building and Trades Permit

TS Date: 10/4/2021 Phone: 910-591-7601 Lot:
Lot: Total Job Cost:168,000 on 910-892-1231 Telephone STEVEJERNIGAN58@OUTLOOK.COM Email Address SQ FT 439 carport ion e: 200Amps T-Pole: _x_YesNo 919-499-5602 Telephone Williamwester@gmail.com
Total Job Cost: <u>168,000</u> on <u>910-892-1231</u> Telephone <u>STEVEJERNIGAN58@OUTLOOK.COM</u> Email Address SQ FT 439 carport <u>ion</u> e: <u>200</u> Amps T-Pole: <u>YesNo</u> <u>919-499-5602</u> Telephone <u>Williamwester@gmail.com</u>
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williamwester@gmail.com
rmation
910-897-5501
Telephone
jandmhvac@centurylink.net
Email Address
ion
Baths
919-820-0026
Telephone
Email Address
tion
919-772-9000
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.

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.

Timothy W. Tart Signature of Owner/Contractor/Officer(s) of Corporation

10/4/2021

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

General Contractor _____ Owner X ____ 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:

X 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

Х 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: Timothy	M. Tart	Estimating Mgr	Date:	10/4/2021