

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 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 for Residential Building and Trades Permit

nation on license.		
Owner's Name:AQA	IS Homes AEC LLC	Date: _/ _/// 21
Site Address: 104 W	estern Pine Way Sanford, No	27332 Phone: 919.233-6747
Subdivision: Cameron	1 Woods	Lot: 7
Description of Proposed We	ork: Residential SPD	Total Job Cost:
1.1	General Contractor Information	
Building Contractor's Company Name		919-233- 6747 Telephone
149 U.S. Hwy 70 Address) W. Garner, NC 27529	raleigh permits and amshores (CE Email Address
59705	HEATED SOFT 2100 GARAGES	
License #	Florida I Gordon A.	
Description of Work	Electrical Contractor Information Service Size:	Amps T-Pole: Voc No
J.M. Page	90,7100 0120.	
Electrical Contractor's Comp	any Name	919-776-5144 Telephone
409 Chatham St.	Sanford NC 2733D	Email Address
213210 L License #		Ziridir / Idai 055
LIGOTICO II	Mechanical/HVAC Contractor Inform	ation
Description of Work		
ARS		919-8105-7777
Mechanical Contractor's Con	npany Name	Telephone
Raleigh NC		
Address		Email Address
	Plumbing Contractor Information	1
Description of Work		# Baths
litans		919-902-0990
Plumbing Contractor's Compa	any Name	Telephone
Address NC		Empli Address
34900		Email Address
License #		
	Insulation Contractor Information	
Tatum		
Insulation Contractor's Company Name & Address		Telephone
*NOTE: General Contra	ctor / owner must fill out and sign the se	cond page of this application.

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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

6/10/21

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 set forth in the permit:	g the work		
Has three (3) or more employees and has obtained workers' compensation insurance to cover	er them.		
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance them.	o 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 Permitt Department issuing the permit may require certificates of coverage of worker's compensation insurate issuance of the permit and at any time during the permitted work from any person, firm or corporate carrying out the work.	ance prior		
Sign w/Title: Date: 6/10/	21		