

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Application # \_\_\_\_

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

## **Application for Residential Building and Trades Permit**

Owner's Name: Joshua Becker	Date 12/21/22
Site Address: 145 Stonemason Dr. Holly Sprin	물로이다. 10명이 가는 10명이 있는 10명이 가는 10명이 되었다. 그 10명이 10명이 10명이 10명이 10명이 10명이 10명이 10명이
Subdivision: Keith M Brown	Lot #2
Description of Proposed Work: Finishing of partial construction	t. Total Job Cost \$80,000
General Contractor Information	
Self-Joshua Becker	919-818-6735
Building Contractor's Company Name	Telephone
817 Cokesbury Park Lane, Figury Varma Address	Email Address
	QFT 1072
License #	And the second of the second o
Description of Work Penel Install (all wiring Service Size:	
Self - Joshua Becker	919-818-6735
Electrical Contractor's Company Name	Telephone
Address  Address	Obecker8818@gmail.com Email Address
seriors (a) and has obtained workers' compensation legitrance to cover	
License #	00000
Mechanical/HVAC Contractor Inform	nation
Description of Work Complete Ducts & System	covering themselves
Self Joshua Beckur  Mechanical Contractor's Company Name	919-818-6735 Telephone
817 Cokesbury Park Lane Address	abecker 88 18@gmail. com Email Address
License #	
Plumbing Contractor Information	on — Sales and the general se
Description of Work Complete Plumbing	# Baths 2
Self-Joshua Becker	919-818-10735
Plumbing Contractor's Company Name	919-818-6735 Telephone
Address Dark Lane	<u>abecker 8818@gmail.com</u> Email Address
License #	
Insulation Contractor Information	o <u>n</u>
Self-Joshua Becker	919-818-6735
Insulation 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 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.

POA

Signature of Owner/Contractor/Officer(s) of Corporation

-	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.
t	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 carrying out the work.
	Sign w/Title: Josh David Bech POH-Ashley Becker Pate: 12/21/22