

Application # _____

* Each section be ow to be filled out by whomever performing work. Must be owner 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

ition on license.		
Owner's Name: Pe	eter e Suzanne Evans	Date: 10 27 2
Site Address: 400	5 Christian Light Rd	Phone:
Subdivision:		Lot:
Description of Propose	ed Work: <u>residence</u>	
General Contractor Information		
Dawsons		(919)552-0244
Building Contractor's C		Telephone
	Central Rd	nikke dawsonsekana
Address 71772		Email Address
License #		/
	CCNCOL Electrical Contractor Information WINNS Service Size	ation
	1	1 1
Electrical Contractor's	Stean	(914) 552 -0246 Telephone
280 Jarco		nikke Cawsonsetcotnic.com
Address	Dive	Email Address
25948-6		
License #	_	
	Mechanical/HVAC Contractor Inf	ormation
Description of Work	nstall HVAC	010 550 111
Mechanical Contractor	9 & A1	919 552- 75 44 Telephone
		icshva caamail com
Address	Stephenson 12d	Email Address
H 3-12655		S Emaily address S
License #		
Plumbing Contractor Information		
Description of Work		# Baths
Camarens	Dumbing	919 669 - 4650
Plumbing Contractor's	9 FUQUALIPIC 21506	Camdensplumbing (200). Com Email Address
Address	1 TUQUAY NE 2/50	Email Address
Address P1		Email Address
License #		
Insulation Contractor Information		
Insulation Contractor's	Company Name & Address NC 27607	(919)300 - 0888 Telephone
modicion contractors	NC27407	Totophone

*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.

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

10/25/21

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 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.			
Sign w/Title: Date: 10/35/2			