

Application # _____

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

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: Sandstone, UC	Date 0.8.2
Site Address: 0690 - 92 - 1861	Lot 4 Phone 910 891-9792
Subdivision:	Lot #4 pint 0690-
	Total Job Cost ~ 20014 79
General Contractor Information	
Pleasant Builders of MC, LIC	919 878-7685
Building Contractor's Company Name	Telephone
2201 Sheriff Johnson Rel.	<u>pleg can Abuilders NCC grave</u> Email Address
Address Lituraton, NC27546	
84646 4	292
License # Electrical Contractor Information	<u>n</u>
	Amps T-Pole:YesNo
maby's Electric	919 639-4837
Electrical Contractor's Company Name	Telephone
131 Mabry RA. Myster, 1945	Email Address
Address 2 2-756	Ellian Address
License #	
Mechanical/HVAC Contractor Inform	<u>ation</u>
Description of Work	00 7 77 7
J.M Heating & Arr	910 897-5501
Mechanical Contractor's Company Name	Telephone
724 Turlington Rd. Dunn, NC	Email Address
Address 28334	Emaii Address
License #	
Plumbing Contractor Informatio	<u>n</u>
Description of Work	_# Baths
Double J Plumbirg, UC	910 814-770
Plumbing Contractor's Company Name	Telephone
614 Byod Rd., Burnlevel, MC	Frank Address
Address 28323	Email Address
<u> </u>	
License # Insulation Contractor Information	$\frac{\partial \mathbf{n}}{\partial \mathbf{n}}$
Live Green	919 427 - 4079
Insulation Contractor's Company Name & Address	Telephone

*NOTE: General Contractor Lowner 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.

16.8.01

Affidavit for Worker's Compensation N.C.G.S. 87-	-14
The undersigned applicant being the:	
General Contractor Owner Officer/Agent of the Contractor	ctor or Owner
Do hereby confirm under penalties of perjury that the person(s), $firm(s)$ or corporation set forth in the permit:	(s) performing the work
Has three (3) or more employees and has obtained workers' compensation ins	surance to cover them.
Has one (1) or more subcontractors(s) and has obtained workers' compensation them.	on insurance to cover
Has one (1) or more subcontractors(s) who has their own policy of workers' co covering themselves.	mpensation insurance
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 C Department issuing the permit may require certificates of coverage of worker's compet to issuance of the permit and at any time during the permitted work from any person,	ensation insurance prior
carrying out the work. Sign w/Title: Pleaset 6C Da	ute: