

* 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

| Application for Residential Building and Trades Permit | |
|--|------------------|
| Owner's Name: Southern Living The street Properties LLC | Date |
| Site Address: 64 Simply Courtry Lane Lillington Phone | |
| Subdivision: Lot | 27 |
| Description of Proposed Work: New Hove. Total Job Cost | 300,000 |
| General Contractor Information | |
| Stolenson Brilders Tre 91973 | 7802 |
| Building Contractor's Company Name Telephone | |
| yel Arsly Rd Frager | |
| Address / Email Address | |
| HEATED SQ FT 1738 GARAGE SQ FT 525 | |
| Electrical Contractor Information | |
| Description of Work Dear Elemical LC Service Size: DODAmps T-P | |
| Electrical Contractor's Company Name Rephone Rephone | 0063 |
| and a second sec | |
| Address Email Address | |
| L 29839 | |
| License # | |
| Mechanical/HVAC Contractor Information | |
| Description of Work Dew Hene | |
| JC1149C 919 55. | 3023 |
| Mechanical Contractor's Company Name Telephone | - |
| Address Email Address | |
| Address Email Address | |
| License # | |
| Plumbing Contractor Information | _ @ |
| Description of Work Camber Plumby - Repair # Baths 25 | |
| T New store 919557 | 1584 |
| Plumbing Contractor's Company Name Telephone | 100/ |
| 724 Ock Villyway Figury | |
| Address Email Address | |
| <u>l 8903</u> License # | |
| Insulation Contractor Information | |
| Steplens Buildy Supply 919 630 8 | 1365 |
| Insulation Contractor's Company Name & Address Telephone | |
| | |
| *NOTE: General Contractor / owner must fill out and sign the second page of the | nis application. |
| strong roots • new growth | |



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

| 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 permittend at any time during the permitted work from any person, firm or corporation carrying out the work. Sign w/Title: Date: V(1/V) |