

\* 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: Signature Home Builders	Date 11/26/21
Site Address: 33 Hawks Croft C+ Erwin NC	38339 Phone 910-931-9290
Subdivision: Wildwind	Let Q
Description of Proposed Work: New Const	Total Joh Cost 7750
General Contractor Information	_ Total 300 Cost
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Building Contractor's Company Name	910 - 892 - 9299 Telephone
Address No. Man St Lillington NC 27546	Csherrock sh bo gusil. (5) Email Address
49431 HEATED SQ FT 1850 GARAGE SC	
License #	
Description of Work <u>{lectrical Contractor Information</u> Service Size: <u>200</u> Amps T-Pole: Yes No	
Dailvee Enterprises Inc.  Electrical Contractor's Company Name	919 - 337 - 7633 Telephone
5325 Hidwell Place Aprt NC	36
Address "	Email Address
17046 - LL License #	
Mechanical/HVAC Contractor Information	
Description of Work 4444	
Mechanical Contractor's Company Name  Mechanical Contractor's Company Name  Address  Address	919-775-6452
Mechanical Contractor's Company Name	Telephone
17 Hobbs St. Clayfon NC 27520	Radfordhuac (a) amiliam
	Email Address
22024	
License #  Plumbing Contractor Information	
Plumbing Contractor's Company Name	<u>49-820-0026</u> Telephone
P.D. BOX 764 Benson NC 27504	releptione
Address	Email Address
7958	Zilidii / (ddi coo
License #	
Insulation Contractor Information	
Charles Knowlation	910-484-7118
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.

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:    Project Manuer Date:	