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		a i	PO Box 85 Lilington, NC 27546	Bit bodd of the sydeol notices the
			Hamett County Central Permit	N. 4
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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.

any and all chai	fy it is my res wes.	ponsibility to	notify the Harnett C	County Central Perm	nitting Depart	ment of
g ag her enten	NT FEES - 6 Tee schedule	Months to 2	ears permit re-issu	e fee is \$150.00. A	ter 2 years re	issue fee
_ h	. The	1		1/17/2 Date	,	
Signature of Ow	mer/Contracto	or/Officer(s) of	Corporation	Date	Birmin william	
The undersigned	Affida applicant be	vit for Wor	ker's Compens	ation N.C.G.S.	87-14	
Genera	Contractor	Owr	erOffic	er/Agent of the Con	tractor or Own	ner
Do hereby confi set forth in the p	m under pen ermit:	alties of perju	ry that the person(s)), firm(s) or corporal	ion(s) perforn	ning the work
Has three	(3) or more	employees an	d has obtained worl	kers' compensation	insurance to	cover them.
Has one (1) or more su	bcontractors(s) and has obtained	workers' compens	ation insuranc	e to cover
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Department issui	ing the permit e permit and :	may require	permit is sought it is certificates of cover- ring the permitted w	age of worker's com	neneation inc	tirance ncior
Sign w/Title:	h	the	(AGENT)		Date: 11/12	121