

Application # ____

* Each section below to be filled out by withomever performing work. billust be owner/occupier 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

Owner's Name: Wlaver Homes Site Address 200 Josey Williams Rd Subdivision: Thomas Bluff Erwin, N	Date: 2-23-22
Site Address 200 JOSEY WILLIAMS Rd	Phone: 910 (430-710)
Subdivision: Thomas Bluff Erwin, N	C 28339 Lat:
Description of Proposed Work: New Construct	hir Potal lab Coate 125 600
General Contractor Informat	
Building Contractor's Company Name	(11) 1 70 0 10
Building Contractor's Company Name	910 · Ce 30 · 2 00 Telephone
330 WIRANTER THE WAR THOUSE AND	- SILSO DILLOCULES NON
Address	Email Address
15971 HEATED SOLET 1854 CARAGE	SOFT 1077
Description of Worl KIRW CONSTRUCTION Service Size	Mon T Bolov AV
	919 774 5144
Electrical Contractor's Company Name	Telephone
409 Chatham St. SANford NC	
Address 27330	Email Address
21326 License #	
Description of Wo Cew Construction	mation
Certified Heat + Hickory Name Mechanical Contractor's Company Name	
Mechanical Contractor's Company Name	710.958.0000 Telephone
O+ David PAMOLICE ST Paul	VC > 9271
Address	Email Address
Address 4 20012	
Plumbing Contractor Information	0.10
Description of Work OLW Construction Double J Plumbing Contractor's Company Name	#B-41- 2
Double I	# Baths
Plumbing Contractor's Company Name	Telephone
ATT DURG Ka. Auguloval In	, siephone
7 8373	Email Address
21649 icense #	
Insulation Contractor Information	
nsulation Contractor's Company Name & Address	96-770-1974 Telephone
. ,	relebilone

*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.

2/24/22

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
X 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.	
X 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:	