

Application # \_\_\_\_\_

\* Each section below to be filled out by whomever performing work. fillust 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: WIGULY Itomes	Date: 12/8/2
Site Address: 286 JOSEY WILLIAMS EVILLE	NC Phone: 910 430-7
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Description of Proposed Work: New Construction	tick that I lab control 125 600
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INTO A LET HOMES , and	iion Cara
Building Contractor's Company Name	Talaphana
350 Wagener Dr. Fayetteville NIC	Cuso Oir registers he
Wearer Hones and.  Building Contractor's Company Name  350 Wagener Dr. Fayetteville MC  Address	Fmail Address
1 STEP SOLUTION OF	
License #	
Description of Worl New CONSTRUCTIONS Service Size	tion
- One e - Locti-	eAmps I-Pole: V Yes No
Electrical Contractor's Company Name	919.499.7747 Telephone
80 Neill Thomas Pd.	reichnotie
80 Neill Thomas Pd. Address Cillington NC 21643-4 27546	Email Address
21643-11 27546 License #	
Description of Work ULCU COnstructor Information	
Description of Work Well Construction	
Mechanical Contractor's Company Name	910.858.000
207 David Pamell St.	Telephone
Address	
+3C1-20012 St. Paul, NC	Email Address
License # 205+(	
Plumbing Contractor Information	
Description of Work New Construction	# Baths
Double J	910 - 814 - 7705 Telephone
Plumbing Contractor's Company Name	Telephone
114 Byrd Rd. Bunnlevel, NC	
7.164G	Email Address
License #	
Insulation Contractor Information	
LAGUATION TAIC	919-770-1974
nsulation Contractor's Company Name & Address	Telephone
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\*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.

Susan Reduique 2/ Signature of Owner/Contractor/Officer(s) of Contractor/Officer(s) 12/21/24 Date

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.	
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:  Date: 12 21 21	
Date. 12	