

Application #

\* Each section below to be filled out by whomever performing work:

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

by whomever performing work: Must be owner/occupier or licensed contractor. Address, company name & phone must match Application for Residential Building and Trades Permit information on license. Owner's Name Site Address: Description of Proposed Work: Total Job Cost: General Contractor Information Building Contractor's Company Name GARAGE SQ FT 689 **Electrical Contractor Information** Service Size: 200 Amps Description of Work Telephone Electrical Contractor's Company Name Address Email Address 15677 License # Mechanical/HVAC Contractor Information Company Name Telephone Email Address Address Plumbing Contractor Information Plumbing Contractor's Company Name Address Email Address License # Insulation Contractor Information

\*NOTE: General Contractor / owner must fill out and sign the second page of this application.

Insulation Contractor's Company Name & Address



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.

Affidavit for Worker's Compensation N.C.G.S. 87-14
The undersigned applicant being the:
General ContractorOwnerOfficer/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: Ju Hun Ollma pate: 11/2022

\*MOSE. General Confusion Louises must fig out and sign the sampad page of this application