

| Application # |  |
|---------------|--|
|               |  |

\* Each section below to be filled out by whomever performing work. Must 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: (1) Illian Buckles   | Date: 5- \2-2023              |  |  |
|--|-------------------------------|--|--|
| Owner's Name: William Buckles Site Address: 565 Susia Circle Comenn,   | DC Phone (817)798-7525        |  |  |
| Subdivision:   | Lot:                          |  |  |
| Description of Proposed Work: New Your build   | Total Job Cost: 235, USLo. 00 |  |  |
| Company Company to the company of th |                               |  |  |
| Structures Construction 260 Goneau   | (910)690-4315                 |  |  |
| Building Contractor's Company Name   | Telephone                     |  |  |
| 121 Energe Mechan Pinchungt  | theresco Ochara Construction  |  |  |
|  | Email Address -Co-            |  |  |
| S4285 HEATED SQ FT 598 GARAGE S  | off 598                       |  |  |
| License #  |                               |  |  |
| Description of Work Service Size   | DO Amos T-Pole: Yes No        |  |  |
| Flinchum Electric  |                               |  |  |
| Electrical Contractor's Company Name   | (96)944-3828<br>Telephone     |  |  |
| ,  | relephone                     |  |  |
| 1/828 US-15 Ploesdeen, KIC 28315<br>Address  | Email Address                 |  |  |
| 26835  | Email Marcos                  |  |  |
| License #  |                               |  |  |
| Mechanical/HVAC Contractor Information   |                               |  |  |
| Description of Work  |                               |  |  |
| Southwhove Heating & Colling Mechanical Contractor's Company Name  | (910) 281-4567                |  |  |
| Mechanical Contractor's Company Name   | Telephone                     |  |  |
| 133 Addor Rd, Pinebluy, NC 28373   |                               |  |  |
| Address  | Email Address                 |  |  |
| 32348  |                               |  |  |
| License #  |                               |  |  |
| Plumbing Contractor Information  |                               |  |  |
| Description of Work  | # Baths                       |  |  |
| Greene's Plumbing  | 10-635-5660<br>Telephone      |  |  |
| Plumbing Contractor's Company Name   | Telephone                     |  |  |
| 1106 Huy 731 Canda, MC 27229   |                               |  |  |
| Address  | Email Address                 |  |  |
| 13797  |                               |  |  |
| License #  |                               |  |  |
| trowating, Inc Insulation Contractor Information 1827 Jefferson Tavis Hay Saday (919) 776-4138   |                               |  |  |
| Insulation Contractor's Company Name & Address   | Telephone                     |  |  |
| moviquon contractor o company maine & Audress  | i cicpitute                   |  |  |

\*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: Billy Hywhalia.

Date: 5/12/23