

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. Application #

Harnett County Central Permitting 420 McKinney Pkwy Lillington, NC 27546 PO Box 65 Lillington, NC 27546 910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: James ! NICOLE CALLA	1441 01.14122
Site Address: 806 SUSTE CIRCLE, CAMBRON NC	Date 8/UN22
Subdivision: SPARTAN KIDGE	1
Description of Proposed Work: New Rasidential Single las	Lot FOT E
Hand of the state	Total Job Cost 533, 489
Opine Cuctor III	
Building Contractor's Company Name	910 303 4828
Po Box 4178, PINEHURST NC 28374	Telephone
Address	Pridebuiltacosmail.a
82770 HEATED SQ FT 3333 GARAGE	Email Address
LICEUSE #	SOFT 9YO
Electrical Contractor Information	
Description of Work New / Suffer Wiring Service Size	200 Amps T-Pole: Yves No
	910-485-8617
Electrical Contractor's Company Name	Telephone
345 MILKES RD, FAYETTEVILLE NO 28316	admin @ all mano lectric. con
Address	Email Address
V-6136	
License #	
Mechanical/HVAC Contractor Infor	mation
Description of Work Installion of news 185, lantial	
4 Seasons Heating & AIR	910 235 0606
Mechanical Contractor's Company Name	Telephone,
Address - Nest gate Drive, West and NC	ansie 4 seasons @ smail. com
20507 27376	Email Address
License #	
T / / Plumbing Contractor Information	200
Description of Work Install of Plumbry in Residente / Ha	3511/216/4
Jesse In grun	# Baths Jrui / Zhai
Plumbing Contractor's Company Name	910-639-9499
616 John McQueen Rd Abarber NG	Telephone
Address	Jesseingram @ gmail. com
28231	Email Address
License #	
Insulation Contractor Information	on
- IRI CITY INSULATION	910-486-8855
Insulation Contractor's Company Name & Address	

*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.

Signature of Owner/Contractor/Officer(s) of Corporation

8JUN 22

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The undersign	Affidavit ned applicant being	for Worker's C	ompensation	N.C.G.S. 87-14	
Gene	eral Contractor _	Owner	Officer/Ager	nt of the Contractor	or Owner
	nfirm under penaltie				performing the work
Has thr	ree (3) or more emp	loyees and has obt	ained workers' co	mpensation insura	nce to cover them.
Has on them.	e (1) or more subco	entractors(s) and ha	s obtained worke	rs' compensation in	surance to cover
Has on covering them	e (1) or more subco selves.	intractors(s) who ha	s their own policy	of workers' compe	ensation insurance
Has no	more than two (2)	employees and no s	ubcontractors.		
	the permit and at ar	hich this permit is s y require certificate ny time during the p			
Sign w/Title/	K-	fring c	N SON HONES	TNC Date:	SUNZZ