

Application #

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

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

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	Owner's Name: Jak Properties of Fuguar	Date 2-19-2)				
	Owner's Name: Jak Properties of Fuguay Site Address: 200 Lambert Ln. Fuguay-Varing M.	27526 Phone 919-796-1543				
	Subdivision: Purpor Place	Lot9				
	Subdivision: Pur Por Place Description of Proposed Work: New Residential	Total Job Cost 351 K				
General Contractor Information						
	Tart Custom Homes Inc.	919-669-1818				
	Building Contractor's Company Name					
	359 Truth Rd. New HILLAC. 27562	tartmahpw. Com				
	Address	Email Address				
	59978 HEATED SQ FT 2483 GARAGE SC	QFT 703				
	License #					
	Description of Work New Res . Service Size: 200 Amps T-Pole: Yes No					
	AUSTIN Dean Electrical	919-669-0063				
	Electrical Contractor's Company Name	Telephone				
	2837 Baptist Gove Rd. F.V. NC 27536	austindean electricagmail.com				
	Address	Email Address				
	L-29839					
	License # Mechanical/HVAC Contractor Inform	aation				
		lation				
	Description of Work New Res	000-310-3657				
	Mechanical Contractor's Company Name	949-369-2657 Telephone				
	15 20 ly and a Company Name					
	15 39 Wade Stephenon Rd. Holly Springanico >>59 Address	Email Address				
	H-312655					
	License #					
	Plumbing Contractor Information	<u>on</u>				
	Description of Work New Red,	# Baths ?				
	Canders Plumbing & Begain.	919-669-4650				
	Plumbing Contractor's Company Name	Telephone				
	P.O. Bx 1359 F-V. NC. 27526	canden Plumberg Ra ad. con				
	Address	Email Address				
	18903					
	License # Insulation Contractor Information	on				
	Insulation Inc. 5209 Fayoth ville Rd-Raleigh	919-777-9600				
	Insulation Contractor's Company Name & Address n. (. 27603	Telephone				

*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.

lay evo			2-17-	22	
Signature of Owner/Contractor/O	fficer(s) of Corpor	ration	Date		
		4			
Affidavit The undersigned applicant being	for Worker's	Compensa	tion N.C.G.S	6. 87-14	
The analogned applicant being					
General Contractor	Owner	Office	r/Agent of the C	ontractor or Ow	ner
Do hereby confirm under penaltie set forth in the permit:	s of perjury that t	the person(s),	firm(s) or corpo	ration(s) perfor	ming the work
Has three (3) or more emp	oloyees and has o	obtained work	ers' compensati	on insurance to	cover them.
Has one (1) or more subco	ontractors(s) and	has obtained	workers' compe	nsation insuran	ce to cover
Has one (1) or more subco	ontractors(s) who	has their own	policy of worke	rs' compensation	on insurance
Has no more than two (2)	employees and n	no subcontract	ors.		
While working on the project for working to issuance of the permit and at a carrying out the work.	ay require certifica	ates of covera	ige of worker's	compensation in	nsurance prior
Sign w/Title:	p=			Date:	