

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 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

information on license.		- 1 1
Owner's Name:	my The VO / MyHome	Date: 4-22-22
Site Address: 144	crownview LN Dunn	, NC 2833 Phone: 678-468-9675
Subdivision: COU	nview MeaDow	Lot: <u></u>
Description of Propose	d Work: <u>New construction</u>	Total Job Cost: 180,000.
	General Contractor Infor	
	om Homes LLC	910-304-7390
Building Contractor's C		Telephone
	emoor ke Raleigh NC 27	Email Address Email Address
76364 License #	HEATED SQ FT 2468 GARA	AGE SQ FT 524
Description of Work U	Electrical Contractor Info	rmation
_ ^ _		Size: 900 Amps T-Pole: Yes No
Electrical Contractor's	Company Name	<u>919 (71 32 19)</u> Telephone
5305 Jac	ck Jones Rd.	
Address		Zeuselectrague 3 Email Address
1-33410		Zous ele chricique agmaile
License #	Mechanical/HVAC Contractor	
Description of Work	HVAC ON WALLS	momaton
Ponslavic 1/00	Him d Div Too	919-2811-4243
Mechanical Contractor	's Company Name	Telephone
57 WC F	seasley La. Cook NO	beaslyshuaceaol.com
Address		Email Address
License #		
Licelise #	Plumbing Contractor Info	ormation
Description of Work	New construction Plumbins	# Baths_3
Titans Plum		919-615-1947
Plumbing Contractor's Company Name		Telephone
P.O. Box 1045 Dunn NC 28335		Businessetitansplumbing: com
Address		Email Address
License #	_	
	Insulation Contractor Info	
PAPILES	Brother	910-990-5928

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

Telephone

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.

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

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			
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:			