

* 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

To a solution 10	00 00 0	
Owner's Name: Jame Investments INC	Date <u>03-22-2</u> 022	
Site Address: 88 Kidge Haven Drive Sanford	N.C Phone 919-478-3428	
Subdivision: Carolina Hills	Lot	
Description of Proposed Work: Single family Home	_ Total Job Cost _160,000	
General Contractor Information		
Godon Construction	0.0-770-1070	
Building Contractor's Company Name	Telephone	
	godon construction @gmail.com	
Address	Email Address	
46172 HEATED SQ FT 1560 GARAGE SC	PFT	
License #		
Description of Work New Please Service Size: 200 Amps T-Pole:YesNo		
	(100 100	
Electrical Contractor's Company Name	Telephone	
9490 old 421 Broadway N.C		
Address	Email Address	
17277レ		
License #	-	
Mechanical/HVAC Contractor Information		
Description of Work New Mechanical HXAC	- 116-	
Collins Heating Air and Electrical	<u>(919) 498-4830</u>	
Mechanical Contractor's Company Name	Telephone	
9490 old 421 Broadway N.C		
Address	Email Address	
8276nc		
License # Plumbing Contractor Information		
Description of Work New Plumbing	# Baths 2	
Titor's Plumbing	019-902-0990	
Plumbing Contractor's Company Name	Telephone	
P.O. Box 1045 Dunn N.C	Social Prostance	
Address	Email Address	
34800		
License #		
Insulation Contractor Informatio	00 1170-21170	
Morelos Construction INC	719-4-18-5428 Telephone	
Insulation Contractor's Company Name & Address 2512 Watson Ava Son Lord	ι ειερποπε	
*NOTE: General Contractor / owner must fill out and sign the s	1415 mall 1	
"BILLIE! (CONORAL CONTRACTOR / OWNER MUST till out and cian the c	acong nage 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 bysigning 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 set forth in the permit:	he person(s), firm(s) or corporation(s) performing the work
Has three (3) or more employees and has o	btained workers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and them.	has obtained workers' compensation insurance to cover
Has one (1) or more subcontractors(s) who covering themselves.	has their own policy of workers' compensation insurance
Has no more than two (2) employees and no	o subcontractors.
Department issuing the permit may require certificate to issuance of the permit and at any time during the carrying out the work.	s sought it is understood that the Central Permitting ates of coverage of worker's compensation insurance prior e permitted work from any person, firm or corporation
Sign w/Title: Juner	Date:03/21/2022