

		Application #
Must be owner/occupier or ensed contractor. Address, impany name & phone must atch information on license.	Harnett County Central Permitt 420 McKinney Pkwy Lillington, NC 275 PO Box 65 Lillington, NC 27546 -893-7525 ext. 1 Fax 910-893-2793 www.har	546
Appli	cation for Residential Building and	Trades Permit
Owner's Name: WILLIAM + N	IART GAGE	Date 7/21/22
	FT COURT, DUNN, NC 2833	94 Phone
Subdivision: LEIGH LAVRE	Lot 19	
Description of Proposed Work:	Total Job Cost <u>*498, 940.00</u>	
	General Contractor Informati	ion
VUNCANNON + SONS BUIL	DERS, INC.	(919) 255-8537
Building Contractor's Company	Name	Telephone ZWLENUNCANNON AND GONS
112 STRUCKLAND LANE, 4	WINGTON, NC 27546	BUILDERSING COM
Address		Email Address
<u>85590</u> License #	HEATED SO FT 2697 GARAGE	SOFT 584
	Electrical Contractor Informat	tion / was a set of the set
		e: 200 Amps T-Pole: Yes No
MABRY'S ELECTRICAL SE		<u>(419) 639 - 4837</u> Telephone
Electrical Contractor's Company		AMBERQ MABRYELECTRICAL.COM
731 MABRY ROAD, AND Address	TER, NC 21501	Email Address
V.15077		
License #		
	Mechanical/HVAC Contractor Info	rmation
Description of Work		(612) 227 571
<u>L+M HEATING AND</u> Mechanical Contractor's Compa	ALE CONDITION CO., INC.	(910) 897-5501 Telephone
724 TUPLINGTON ROAD		BUSTERSTONE CLENTURY LINK, NET
Address		Email Address
1.17164		
License #	Diversities Contractor Informa	tion
	Plumbing Contractor Information	# Baths 4
Description of Work PLUMBI		
STEVEN STANLEY PLUM Plumbing Contractor's Company	BING, UC	( <u>719) 291 - 5648</u> Telephone
Plumbing Contractor's Company	FOUR OAKS, NC 27524	STEVENSTANLEY PLUMBING COMAIL. COM
Address	rout offes, ic and	Email Address
L. 20013		
License #	Inculation Contractor Information	tion
	Insulation Contractor Informa	
PRIME ENERGY GROUP, J	2300 WESTINGHOUSE BLND STE y Name & Address	Telephone
Insulation Contractor's Company	,	

\*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.

W.

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

7/21/22

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.
$\frac{1}{1000}$ 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

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gn w/Title:	7	aby W.L	abe, PRESIDENT	Date: 7/21/22
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