

* 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

	and Trades Permit
Owner's Name: Michelle Fickes.	1011.10
Site Address (0) M and M lane Cameron.	Date 12 1(0/22
Subdivision: W/A.	_ Phone 919-9916-9819
	Lot 1-D
Description of Proposed Work: Wew Construction.	SEP. Total Job Cost \$420,577.00
	mation
Schumacher Homes Building Contractor's Company Name	919-701-5674
182 W namin Blvd. Benson NC	releptione
	Buagle Cschumacher homes Email Address
58362 HEATED SOLET 2149	
License #	ESDET 410
Description of Work Electrical Contractor Inform	nation
Description of Work Electrical Contractor Inform TW Electric Service S	Size: 200 Amps T-Pole: X Yes No
Electrical Contractor's Company Name	119-514-7384
641 Graham pandra Basins AV	Telephone
Address 1000 0	Twelectrics vc egmail com Email Address
197.25L. License #	Email Address
Mechanical/LVACC	
Description of Work HVAC	ormation
Ultimate Conservation	
Ultimate Confort. Mechanical Contractor's Company Name	919-803-3544
Ultimate Confort. Mechanical Contractor's Company Name	919-803-3544 Telephone
Ultimate Confort. Mechanical Contractor's Company Name 1508 S Saunders St Valeign NC Address	919-803-3544 Telephone
Ultimate Confort. Mechanical Contractor's Company Name 1508 S Saunders St Valeign NC Address 30531	919-803-3544
Ultimate Confort. Mechanical Contractor's Company Name 1508 S Saunders St Valeign NC Address 30531 License #	919-803-3544 Telephone Ultimate Comfort Hvac @ gmail. com Email Address
Ultimate Confort. Mechanical Contractor's Company Name 1508 S Saunders St Valeign NC Address 30531 License #	919-803-3544 Telephone Ultimate Comfort Hvac @ gmail. car Email Address
Ultimate Confort. Mechanical Contractor's Company Name 1508 S Saunders St Valeign NC Address 30531 License # Plumbing Contractor Informate At & Olumbing	919-803-3544 Telephone Ultimate Comfort Hvac @ gmail. com Email Address ion # Baths
Ultimate Confort. Mechanical Contractor's Company Name 1508 S Saunders St Valeign NC Address 3053 License # Plumbing Contractor Information Plumbing Contractor's Company Name Plumbing Contractor's Company Name	919-803-3544 Telephone Ultimate Comfort Hvac & gmail.com Email Address ion # Baths 919-609-3650
Ultimate Confort. Mechanical Contractor's Company Name 1508 S Saunders St Valeign NC Address 3053 License # Plumbing Contractor Information Plumbing Contractor's Company Name Plumbing Contractor's Company Name	919-803-3544 Telephone Ultimate Comfort Hvac @ gmail. com Email Address ion # Baths 919-609-3650 Telephone
Ultimate Confort. Mechanical Contractor's Company Name 1508 S Saunders St Valeign NC Address 3053 License # Plumbing Contractor Information Description of Work Plumbing Plumbing Contractor's Company Name 224 Clearwater av Smithfield NC Address	919-803-3544 Telephone Ultimate Comfort Hvac @ gmail.com Email Address ion # Baths 919-(209-3650 Telephone LOVI 2nd K-VO @ Hottmail.com
Ultimate Confort. Mechanical Contractor's Company Name 1508 S Saunders St Valeign NC Address 30531 License # Plumbing Contractor Information At & Plumbing Plumbing Contractor's Company Name 224 Clearwater av Smithfield NC Address 34300	919-803-3544 Telephone Ultimate Comfort Hvac @ gmail. com Email Address ion # Baths 919-609-3650 Telephone
Ultimate Confort. Mechanical Contractor's Company Name 1508 S Saunders St Valeign NC Address 3053 License # Plumbing Contractor Information Plumbing Contractor's Company Name 224 Clarwater dv Smithfield NC Address 34300 License #	Telephone Ultimate Comfort Hvac @ gmail.com Email Address ion # Baths 919 - (209 - 3650 Telephone Loriana K-yo @ Hotmail.com Email Address
Ultimate Confort. Mechanical Contractor's Company Name 1508 S Saunders St Valeign NC Address 30531 License # Plumbing Contractor Information Plumbing Contractor's Company Name 224 Clarwater dv Smithfield NC Address 34300 License # Insulation Contractor Information	Telephone Ultimate Comfort Hvac @ gmail.com Email Address ion # Baths 919- (209-3650 Telephone Loriand K-yo @ Hotmail.com Email Address
Ultimate Confort. Mechanical Contractor's Company Name 1508 S Saunders St Valeign NC Address 3053 License # Plumbing Contractor Information Plumbing Contractor's Company Name 224 Clearwater dr Smithfield NC Address 34300 License #	Telephone Ultimate Comfort Hvac @ gmail.com Email Address ion # Baths 919 - (209 - 3650 Telephone Loriana K-yo @ Hotmail.com Email 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

12 16 22 Date

Affidavi The undersigned applicant being	t for Worker's the:	Compensation N.C.G.S. 87-14
General Contractor _	Owner	Officer/Agent of the Contractor or Owner
Do hereby confirm under penaltic set forth in the permit:	es of perjury that th	e person(s), firm(s) or corporation(s) performing the work
Has three (3) or more emp	loyees and has ob	tained workers' compensation insurance to cover them.
		as obtained workers' compensation insurance to cover
Has one (1) or more subco covering themselves.	ntractors(s) who ha	as their own policy of workers' compensation insurance
Has no more than two (2) e	mployees and no s	subcontractors.
While working on the project for who Department issuing the permit may o issuance of the permit and at an earrying out the work.	nich this permit is s require certificates y time during the po	ought it is understood that the Central Permitting s of coverage of worker's compensation insurance prior ermitted work from any person, firm or corporation
ign w/Title.	I Cu	Storrer Coordinater Date: 12/16/22