

* 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

Date <u>10.3.2022</u>
Phone <u>919.201.1133</u>
Lot <u>4</u>
Total Job Cost <u> </u>
<u>ion</u>
919.201.1133 Telephone
<u>brandier ealtor @ gmail. com</u> Email Address
SQ FT 484
tion
e: 200 Amps T-Pole: VYes No
919.894.5367
Telephone
<u>rajackson electric c embara mail.</u> Email Address
<u>ormation</u>
<u>Jimanon</u>
010 220 0/0/
919.329.0686 Telephone
<u>stephenson hvac@aol.com</u> Email Address
ation_
Baths 2.5
919.496.6929 Telephone
whitesplumbing 16@ gmail.com Email Address
ation
ation
NC <u>919.661.0999</u> 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.

Affidavit	for Worker's (Compensation N.C.G.S. 87-14
The undersigned applicant being t		
General Contractor	Owner	Officer/Agent of the Contractor or Owner
Do hereby confirm under penalties set forth in the permit:	s of perjury that th	ne person(s), firm(s) or corporation(s) performing the work
Has three (3) or more empl	oyees and has ob	otained workers' compensation insurance to cover them.
Has one (1) or more subco	ntractors(s) and h	has obtained workers' compensation insurance to cover
Has one (1) or more subco covering themselves.	ntractors(s) who h	nas their own policy of workers' compensation insurance
Has no more than two (2) e	mployees and no	subcontractors.
Department issuing the permit ma	y require certifica	s sought it is understood that the Central Permitting tes of coverage of worker's compensation insurance prior permitted work from any person, firm or corporation
Sign w/Title: Blandie H	Rehertson	Date: 10·3·2022