

 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

Owner's Name: Charles Moore	Date 10 Now 22
Site Address: 74 S Leng Or Spring lake, NC 2839	O Phone 910-333-7336
Site Address. 7 5 -cry 5 -spring -ring, 1-s	Lot
Description of Proposed Work: Build Single-family Home	Total Job Cost #50,\$200,000
General Contractor Informatio	
4	910 333 7300
Charles Moure Building Contractor's Company Name	Telephone  Seymour 16 lesmail.com  Email Address
302 Country Club Dr Jacksonville, MC	Seymour 16 legman
Address	Email Address
Address HEATED SQ FT 2500 GARAGE S	QET 672
License # Electrical Contractor Information	on Tools: X Ves No
Description of Work Tastall Electrical Contractor Information Service Size:	Amps 1-Pole. / 100
TI GIAL'S	910-990-5635 Telephone
Electrical Contractor's Company Name	Telephone
1937 Edmond Matthis Rd Clinton, NC	Email Address
Address	
24870-LL	
License # Mechanical/HVAC Contractor Inform	nation
Description of Work Install new All	CIA 51 - De 51
Care Hectine and this	910 565 8956 Telephone
Core Heating and him Mechanical Contractor's Company Name	Telephone
585 Gillespie St Fxyetteville Ne	Email Address
Address	
3720	
License # Plumbing Contractor Informatio	<u>n</u>
Description of Work Install new pipes and Paucets	# Baths 3.5
Pipe Boss Plumbing Plumbing Contractor's Company Name	910 - 364 - 6764 Telephone
Plumbing Contractor's Company Name	relephone
2270 Ridge Manor Dr Fayetteville, NC	Email Address
Address 35605	
L'agraph #	
insulation contractor informatio	<u>n</u>
Denois Rel Estate 719 Newbridge St Jeckenule Insulation Contractor's Company Name & Address	7/0 58/ 556() Telephone
Insulation Contractor's Company Name & Address	. S.Spirotto

\*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 number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use 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
Has three (3) or more employees and has obtained workers' compensation insurance to cover them
them.
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance
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 carrying out the work.
Sign w/Title: Chyple Mar General Contractor Date: 10 Nov 22