

\* 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: JaBier Antonio Cuellar Arg	coeTaDate
Site Address: 261 mabry rd ang:er NC 275	of Phone 919 576 1239
Subdivision:	Lot # 2
Description of Proposed Work:	_ Total Job Cost
General Contractor Information	
OWNER FaBier Antonio Cuellar Arqueta	
Building Contractor's Company Name	Telephone
	= "All
Address	Email Address
License # HEATED SQ FT GARAGE SC	Q FT
Electrical Contractor Informatio	<u>n</u>
Description of Work Service Size:	
Alectical innovators	919 279 7177
Electrical Contractor's Company Name	Telephone
P.O. Box 73 Angies nc 27501	Electricb: 2 @ hotmail.com
Address	Email Address
2 292 38	
License #	12
Mechanical/HVAC Contractor Inform	nation
Mechanical/HVAC Contractor Inform	
Description of Work	
Description of Work  Elevation Heating and Cooling	919 710 9635
Description of Work	919 710 9635 Telephone
Description of Work	919 710 9635
Description of Work  Elevation Heating and Cooling  Mechanical Contractor's Company Name  Address	919 710 9635 Telephone mas Cus @ elevation comfort. Co
Description of Work  Elevation Heating and Cooling  Mechanical Contractor's Company Name  Address  #Sp. ph. 34510  License #	919 710 9635 Telephone  mas Cus @ elevation comfort. Co  Email Address
Description of Work  Elevation Heating and Cooling  Mechanical Contractor's Company Name  Address  #SP. Ph. 34510  License #  Plumbing Contractor Information	919 710 9635 Telephone  mas Cus @ elevation comfort. Co  Email Address
Description of Work  Elevation Heating and Cooling  Mechanical Contractor's Company Name  Address  #Sp. ph. 34510  License #  Plumbing Contractor Information  Description of Work	919 710 9635 Telephone  mas Cus @ elevation comfort. Co  Email Address  n  # Baths
Description of Work  Elevation Heating and Cooling  Mechanical Contractor's Company Name  Address  #SP. Ph. 34510  License #  Plumbing Contractor Information  Description of Work  Thomas & Angela Thornton Contract plumbig	919 710 9635 Telephone mas according comfort. Co Email Address
Description of Work  Elevation Heating and Cooling  Mechanical Contractor's Company Name  Address  #Sp. ph. 34510  License #  Plumbing Contractor Information  Description of Work  Thomas Angela Thornton Contract plumby  Plumbing Contractor's Company Name	919 710 9635 Telephone  mas Cus @ elevation comfort. Co Email Address  n  # Baths  919 427 6931 Telephone
Description of Work  Elevation Heating and Cooling  Mechanical Contractor's Company Name  Address  #SP. Ph. 34510  License #  Plumbing Contractor Information  Description of Work  Thomas Q Angela Thornton Contract Plumbing  Plumbing Contractor's Company Name  P.O. Box 1924 Fogus Varina NC 27526	919 710 9635 Telephone  mas Cus @ elevation comfort. Co Email Address  n  # Baths  919 427 6931  Telephone  Contract plubing @ msn. com
Description of Work  Elevation Heating and Cooling  Mechanical Contractor's Company Name  Address  #SP. Ph. 34510  License #  Plumbing Contractor Information  Description of Work  Thomas Q Angela Thornton Contract plumbig  Plumbing Contractor's Company Name  P.O. Box 1924 Fuguer varing NC 27526  Address	919 710 9635 Telephone  mas Cus @ elevation comfort. Co Email Address  n  # Baths  919 427 6931 Telephone
Description of Work  Elevation Heating and Cooling  Mechanical Contractor's Company Name  Address  #Sp. ph. 34510  License #  Plumbing Contractor Information  Description of Work  Thomas Q Angela Thornton Contract plumbing  Plumbing Contractor's Company Name  P.O. Box 1924 Fuguer varing NC 27526  Address  # 25373	919 710 9635 Telephone  mas Cus @ elevation comfort. Co Email Address  n  # Baths  919 427 6931  Telephone  Contract plubing @ msn. com
Description of Work  Elevation Heating and Cooling  Mechanical Contractor's Company Name  Address  #SP. Ph. 34510  License #  Plumbing Contractor Information  Description of Work  Thomas Q Angela Thornton Contract plumbig  Plumbing Contractor's Company Name  P.O. Box 1924 Fuguer varing NC 27526  Address	919 710 9635 Telephone  mas Cus @ elevation comfort. Co Email Address  n  # Baths  919 427 6931  Telephone  Contract plubing @ msn. com Email Address
Description of Work  Elevation Heating and Cooling  Mechanical Contractor's Company Name  Address  #Sp. ph. 34510  License #  Plumbing Contractor Information  Description of Work  Thomas Q Angela Thornton Contract plumbing  Plumbing Contractor's Company Name  P.O. Box 1924 Fogusy varina NC 27526  Address  # 253 73  License #	919 710 9635 Telephone  mas Cus @ elevation comfort. Co Email Address  n  # Baths  919 427 6931  Telephone  Contract plubing @ msn. 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 <a href="bysigning-below-I have obtained all subcontractors">bysigning-below-I have obtained all subcontractors</a> permission to obtain these permits and if <a href="any-changes">any-changes</a> 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

1 00 6.07 2 100 1

2-17-23

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
100 1 M 1 March 1 Marc
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.
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 carrying out the work.
Sign w/Title:

## STATE OF NORTH CAROLINA

County of Harnett

Inspections Department

## OWNER EXEMPTION AFFIDAVIT PURSUANT TO G.S. 87-14(a)(1)

Aaa	ress and	Parcel Identification of Real Property Where Building is to be constructed of Microsoft
,		Jabier Antonio Cuellar Arqueta
here initia	by claim ling para 1.	(Print Full Name)  I an exemption from licensure under G.S. 87-1(b)(2) by <u>initialing</u> the relevant provision in paragraph 1 and agraphs 2-5 below and attesting to the following:  I certify that I am the owner of the property set forth above on which this building is to be constructed or altered;
		OR  I am legally authorized to act on behalf of the firm or corporation which is constructing or altering this building on the property owned by the firm or corporation as set forth above (name of firm or corporation:
	2.	I will personally superintend and manage all aspects of the construction or alteration of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1 of Chapter 87 of the General Statutes of North Carolina;
	3.	I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina;
	4.	I understand that a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Boar for General Contractors for verification that I am validly entitled to claim an exemption under G.S. 87-1(b)( for the building construction or alteration specified herein. I further understand that, if the North Carolina Licensing Board for General Contractors determines that I was not entitled to claim this exemption, the building permit issued for the building construction or alteration specified herein shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422.
	5.	The building will be solely occupied by the owner(s), firm or corporation as set forth above for at least twelve (12) months following completion.
	6.	This AFFIDAVIT applies to the following trades:   Building
	=	The total cost of this project is \$500,000.  2   17   2 3  (Signature of Affiant)
	Sworn	n to (or affirmed) and Subscribed before me this the 17 day of Feb 2023.
	Signal	Ture of Notary Public  A LERIE GONZALEZ  Notary Public, North Carolina  Wake County  My Commission Expires
	My Co	ommission Expires: 4-5-24 April 05, 2024 (Notary Stamp or Seat)

(NOTE: It is a class F felony to willfully commit perjury in any affidavit taken pursuant to law – G.S. 14-209)