



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

* Must be owner/occupier of licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Jabier Antonio Cuellar Argueta Date _____
Site Address: 261 mabry rd angier NC 27501 Phone 919 576 7239
Subdivision: _____ Lot # 2
Description of Proposed Work: _____ Total Job Cost 4

General Contractor Information

owner Jabier Antonio Cuellar Argueta
Building Contractor's Company Name Telephone _____
Address Email Address _____
License # HEATED SQ FT GARAGE SQ FT

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No
Alectical innovators 919 279 7177
Electrical Contractor's Company Name Telephone
P.O. Box 73 Angier nc 27501 Electr.cb:2@hotmail.com
Address Email Address
L 29238
License #

Mechanical/HVAC Contractor Information

Description of Work _____
Elevation Heating and Cooling 919 710 9635
Mechanical Contractor's Company Name Telephone
Address marcus@elevationcomfort.com
Email Address
#SP. ph. 34510
License #

Plumbing Contractor Information

Description of Work _____ # Baths _____
Thomas & Angela Thornton Contract plumbing 919 427 6931
Plumbing Contractor's Company Name Telephone
P.O. Box 1924 Foyers varina NC 27526 Contractplumbing@msn.com
Address Email Address
25373
License #

Insulation Contractor Information

Evergreen Builder solutions LLC 919 469 2473
Insulation Contractor's Company Name & Address 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.



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

2-17-23

Date

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.

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: _____



Date: _____

2-17-23

