

Application #	2
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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 or licensed contractor. Address, company name & phone must match information on license.

## **Application for Residential Building and Trades Permit**

Owner's Name: TAT BOUS INC.	Date 12/7/22
Site Address: UU CYLON ST CYMYN NC COSSY	Phone <u>919-333-399</u> 9
Subdivision: N/A	Lot
Subdivision: N/A  Description of Proposed Work: Single Family Hune New Cons	. Total Job Cost
General Contractor Informatio	<u>on</u>
BVA ENEXPISE.\NC. Building Contractor's Company Name	919.779.1890
Building Contractor's Company Name	Telephone AFORD@VFGIREALTY.COM
1300 Bensun Rd St 110 Charner NC 27529	
Address	Émail Address
19542 HEATED SQ FT WY GARAGE S	QFT
Electrical Contractor Information	<u>on</u>
Description of Work Service Size:	Amps T-Pole:YesNo
COF Electrical Contractor's Company Name	919.633.7064
Electrical Contractor's Company Name	Telephone
70 Leghurn Dr Zebulan NC 27597 Address	cat 414 agmail cum Email Address
33535	Linai Address
License #	
Mechanical/HVAC Contractor Inform	<u>nation</u>
Description of Work	0.0.1
Mechanical Contractor's Company Name	919.425.0529 Telephone
13 Lavynter Lane Gerner NC 27529 Address	Email Address October Com
H2.1362	Email Address @gmeil.com
License #	<u>.</u>
Plumbing Contractor Information	
Description of Work	_# Baths
Plumbing Contractor's Company Name	919.522.5984
2 QDT H K 2000 TKAN 7 Ch. Kro AV 27507	Telephone adrian hernandez 2388
3805 Husemint Trail Zobulan NC 27597 Address	Email Address
31279-PI	Email Address @amail . Om
License #	
Insulation Contractor Informatio	~!-
Friends Insulation LLC	919.291.2438 Telephone
Insulation Contractor's Company Name & Address 2001 Blount Creck Est Clayton NC 27520	relephone
O O	
*NOTE: General Contractor / owner must fill out and sign the s	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

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		
Sign w/Title: Date: 12/9/22		