

Application # _____

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

Application for Residential Ballating and Tie	idad i diiiii
Owner's Name: Tearray Alford	Date 5/2
Site Address: 116 Titraca La lilling ton	Phone 910 5748788
Subdivision: Carlie Hills	Lot 39
Description of Proposed Work: New home	Total Job Cost 284000
General Contractor Information	
S And J of Raleigh	91969 9462
Building Contractor's Company Name	Telephone
3935 Moleun Chapel Churth RL Bunnlaw	Email Address Jof ruleigh, com
55247 HEATED SQ FT 245 GARAGE SQ	576
License # Electrical Contractor Information	
Description of Work Wilk how Service Size:	20DAmps T-Pole: Yes No
	919604 1819
Electrical Contractor's Company Name	Telephone
Releigh	Terrana morgan Orfrant chatrit Email Address org
Address	Émail Address
3 865	
License # Mechanical/HVAC Contractor Inform	ation
Description of Work New system for Lone	
1 (1	919 630 1841
Mechanical Contractor's Company Name	Telephone
Ralpish Mario Leono 2	Kodar Di Melci Bom
Address	Email Address
14340	
License # Plumbing Contractor Informatio	
	#Baths 2, 5
Description of Work _ Good Fall	919 5324171
Plumbing Contractor's Company Name	Telephone
Ralersh	A. Landy Quembing DS mail. com
Address	Email Address
29375	
Cense #	
Insulation Contractor Information	919 369 3770
ta omo Insulation Inc	Telephone
Insulation Contractor's Company Name & Address	3.31.10.10

*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

Affidavit for Work The undersigned applicant being the:	ker's Compensation N.C.G.S. 87-14
General Contractor Owne	er Officer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury set forth in the permit:	y that the person(s), firm(s) or corporation(s) performing the work
Has three (3) or more employees and	d has obtained workers' compensation insurance to cover them.
	s) and has obtained workers' compensation insurance to cover
Has one (1) or more subcontractors(s covering themselves.	s) who has their own policy of workers' compensation insurance
Has no more than two (2) employees	and no subcontractors.
beparent issuing the permit may require c	permit is sought it is understood that the Central Permitting certificates of coverage of worker's compensation insurance prior ring the permitted work from any person, firm or corporation
Sign w/Title: 8 OUY	Net 9/2/22