

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

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Owner's Name: 39507 M12+04	Date 2/6/23
Site Address: 724 0614- 41-9603,000	
Subdivision:	Lot 6A
Description of Proposed Work: New Home Cost truct of	NO. 12 CO. 12 CO
General Contractor Information	
Lossic Glover Cosstruction LLC	<u> </u>
Building Contractor's Company Name	Telephone
928-Willow Ca Roleigh Mr 27603	/glovercous truction a yohor com Email Address
Address	and a contract of the contract
License # HEATED SQ FT 1242 GARAGE S	5Q FT 437
Electrical Contractor Information	
	200 Amps T-Pole:YesNo
Electrical Contractor's Company Name	<u>919-427-5044</u> Telephone
Address Rock Rd Wedden NC 27591	<u>bcockrc11427 O gnail.</u> Com Email Address
L12829	
License #	
Mechanical/HVAC Contractor Information	
Description of Work 2 w Cosstruct; 0)	
Mechanical Contractor's Company Name	711-218-6350 Telephone
Address Address	milukeit 129 Dychoo, ur Email Address
22965-H3 License #	
Plumbing Contractor Information	
Description of Work	_# Baths_ 2
<u>Thorator's Plumbing Contractor's Company Name</u>	919-550-4833 Telephone
3160 A V: 4500 Rd Clay too 27527 Address	Email Address
L 22152	
License #	
Insulation Contractor Information	
Insulation Contractor's Company Name & Address	715-772-9000 Telephone
Tallio & Address	relephone

*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 <u>by signing below I have obtained all subcontractors permission to obtain these permits</u> and if <u>any</u> 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 carrying out the work.	
Sign w/Title:	