

Application # SFD 2302-0043

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Linda HAXwelder	The state of the s
Site Address: 387 Balland Rd. Fugury-Varing Subdivision:	Date:
Description of Proposed Work: New Single - Frankly	Lot:
Correct Control of the control of th	Total Job Cost: 32,000
Keith Bullock Builders Inc. Building Contractor's Company Name	
	919-427-4628 Telephone
72 DVeder K of 1:	Telephone
72 OVERLOCK Ct. Auger, NC 27501	Kbbine 14@ gmail.co
47504 HEATED SQ FT 3653 GARAGE S	Email Address
License # GARAGE S	QFT 759
Electrical Contractor Information	on
Service Size:	Amps T-Pole: Yes No
_ COEN FRETTICAL LLC	919-669-6063
Electrical Contractor's Company Name	Telephone
2793 Saptist Grave Zd. Fuguray - Varina	
29839-2	Email Address
License #	
Mechanical/HVAC Contractor Inform	nation
Description of Work New	<u>nation</u>
Mechanical Contractor's Company Name	910 552 2 55
Mechanical Contractor's Company Name	919-553-3053 Telephone
1539 Wade Stollerson Z Holly Sand	Copholic
, iduress	Email Address
<u>H-3 19655</u> License #	
Description of Work New	프랑스 나는 그 생활에 가는 그 살이 되었다.
	# Baths_2
LR Ciones Plumbing Ing Plumbing Contractor's Company Name	919-884-5892
20 Box 764 Benson	Telephone
Address 767 Denson	Frankladd
PO 7958	Email Address
License #	
Insulation Contractor Informatio	<u>n</u>
Stephens Building Products LLC	919-630-8365
Insulation Contractor's Company Name & Address	Telephone
1200 Corporation Pricy, Raleigh	
*NOTE: General Contractor / owner must fill aut and a	



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.

Date

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:	