

\* 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. Application #

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

Date: 2-22-2
C 28390 Phone: 9/9-6/2-/377
Lot: 452
Total Job Cost: \$ 634,000
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\*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

2-72-23 Date

The under	Affidavit signed applicant being	for Worker's C	ompensation	N.C.G.S. 87-1	4
_X_ G	eneral Contractor	Owner	Officer/Age	nt of the Contracto	or or Owner
Do hereby set forth in	confirm under penaltie the permit:	s of perjury that the	e person(s), firm(s	) or corporation(s	s) performing the work
Has	three (3) or more emp	oloyees and has ob	tained workers' co	ompensation insu	rance to cover them.
Has	one (1) or more subco	ontractors(s) and h	as obtained worke	irs' compensation	insurance to cover
Has covering th	one (1) or more subconemselves.	ontractors(s) who h	as their own polic	y of workers' com	pensation insurance
Has	no more than two (2)	employees and no	subcontractors.		
Department to issuance	ding on the project for vot issuing the permit and at a at the work.	ay require certificat any time during the	es of coverage of permitted work from	worker's compen- om any person, fir	sation insurance prior m or corporation
Sign w/Title	e: Kruck	a constant	Managing Dar	twer Date	· d-12-23