

Application # SFD 2303-0035

\* 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

Owner's Name: Andrew Sheree Kornelsen	Date <u>03 24 2</u> 023
Site Address: See Brookgreen	
Subdivision:	Lot
Description of Proposed Work: New Single Family Dwelling  General Contractor Information	Total Job Cost \$ 600,000
Knight Construction and Development Building Contractor's Company Name	(919) 900-8012 Telephone
Address	Email Address
85062 HEATED SQ FT 3585 GARAGE SO	Q FT_1118_
Description of Work Service Size:	
Electrical Contractor's Company Name	<b>980 636 3980</b> Telephone
Address 28227	Email Address
License #	
Mechanical/HVAC Contractor Inform	nation
Description of Work new construction	
Mechanical Contractor's Company Name	919 622 2971 Telephone
Address	<u>germanestrada. villa</u> gmail. cor Email Address
License #	
Plumbing Contractor Informatio	<u>n</u>
Description of Work vew construction	#Baths 3 Foll 2 half
Plumbing Contractor's Company Name	919 671 9386 Telephone
Address	Email Address
Insulation Contractor Informatio	n
Insulation Contractor's Company Name & Address	(414) 447 - 1011 Telephone

\*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.

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Signature of Owner/Contractor/Officer(s) of Corporation Date	
AND THE RESIDENCE OF THE PROPERTY OF THE PARTY OF THE PAR	
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:	