

Application # [

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	Miethe hyner/occipler or licensed
	contractor Address company
	name & phone must match
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Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.hamett.org/permits

iyer performing worki	\$10-000-10E9 1 WHO 10	
wner/occupier or licensed L'Address: company none mustimation	Application for Residential Building and Trad	es Permit
none must malch n on license:	Cumberland Homes I	Date: 4/25/23
Owner's Name:	Tedian St. Lill Meter NC 2759	Li Dia Ma la Ma
Site Address: ZZZ	Will Proce	Lot: 88
Subdivision:	MIK CHEEK Devellage	Total Job Cost: # 195,000
Description of Propose	ad AADIN' TA	total 300 Cost. 4 17 07 0 0
Culada	General Contractor Information	910-892-4345
Building Contractor's	Company Name	Telephone L/C
D.O. Box	727 DUM M.C. 08335	NOTTIS bullingaroup Negrail
Address	The second of th	Email Address // / / / / /
59443	HEATIED SO FTI GARAGE SO	
License #	Electrical Contractor Information	
Description of Work_	NSF Dueiling Service Size: 2	200 Amps T-Pole: Ves_No
Wester +	Pare Electric	Telephone
Electrical Contractor	s Company Name	NA
Address	ie vi municipi	Email Address
12007-U		
License #	Mechanical/HVAC Contractor Inform	ation
Description of Work	NSF Durelling	
Litenhen son	's seating + Dit	919-329-0686
Mechanical Contrac	tor's Company Name	Telephone
343 Sh	pwash Dr., Garner, N.	Parent Addisha
Address ICIL	, ,	Email Address
License #		
Liconosi	Plumbing Contractor Informatio	
Description of Work	NSE Dwelling	#Baths Page Page
Cocoa B	each Plumbing, Inc.	Telephone, , C
Plumbing Contracto	AT PONDER DRAKE N/ 28334	Bleeplumbing eyeloo.com
Address	as the sac your of the constitution	Email Address
29488	·	
License #	Insulation Contractor Information	on
TATUM	Themlating	919-661-0999
	or's Company Name & Address	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.

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 corrent fee schedule.

Signature of Owner/Contractor/Officer(s) of Corporation

Affidavit for Worker's Companyation N.C.G.S. 87-14

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: Date: 4/24/23