

Application #

0085

Each section below to be filled out by whomever performing work; Must be lowner/occupier or licensed contractor; Address; company, name & phone; must match Harnett County Central Permitting
PO Box 65 Lillington, NC 27646
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Address: company none must match n on license:	Application for Residential Building and Trace	des Permit
	MD Rosi Sential Preser	Date: 4/25/23
Owner's Name:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 000 000 1/21/1
Site Address: 164	Hazelwood Or. Lillington, NC 27	1546 Phone: 910-892-4345
Subdivision:	with creek	Lot: 98
Description of Propose		Total Job Cost: # 178,000
Cumberlans	Ceneral Contractor Information	910-892-4345
Building Contractor's C	Company Name	Telephone
P.O. Box	127 DUAN, M.C. 28335	Norris bui blingaroup ne grani (Email Address
Address Falla3	HEATIED SOIFTI GARAGE SO	
License #		The Go at
FIGORISO II.	Electrical Contractor Information	
Description of Work_	NSF Dwelling Service Size: 2	200 Amps T-Pole: Ves No
Wester +	Dave Electric	919-499-5589
Electrical Contractor's	Company Name/	Telephone
546 106/1	Dr. Sanford NC	NA
Address		Email Address
12007-U		
License #		
	Mechanical/HVAC Contractor Inform	ation
Description of Work_	NSF Dwelling	No.
L'Enhant on	's alastina volice	919-329-0686
Mechanical Contracto	S Teaure Name	Telephone
Mechanical Contraction	DWASH Dr. Garner N	Totophistic
343 SN	DWash Dr., Darker, Ne	Email Address
Address		Ellian Address
18644	-	
License #	Dissiling Contractor Information	m //
	Plumbing Contractor Information	1 / 1/
Description of Work	NSE Duellarg	_# Bains
Cocoa Be	ach Plumbing, Inc.	910-391-5595
Plumbing Contractor	s Company Name	Telephone,
4755 Bruss	it Pond Rd. DRIA. N. 28334	Bleep lumbing eyeloo. com
Address		Email Address
29488	,	
License #		
<u> </u>	Insulation Contractor Information	on and the same
1Atum	LNSMating	414-661-0999
Inculation Contractor	r'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.

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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

Date

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			