

Application # _____

* Each soction below to be filled out by whomever performing work. Must be exper or ilconsed contractor. Address, company name & phone must match information on ilconse. Harnett County Central Permitting
PO Box 65 Lillington, NC 27546

1010-003-7625 Fax 010-003-2703 www.harnott.org/pormits

Application for Residential Building and Trades Permit

MON ON MEGNISO.	- 1- 1
Owner's Name: Drees Homes	Dalo. 3 /20/2
Sile Address; 41 Contentment (A N Phone: 919-844-9288
Subdivision: Serently Subdivision	Lol: 65
Description of Proposed Work: 'SFD	
General Contractor I	
Building Contractor's Company Name	919-844-9288
8521 Six Forke Road, Sulle 500	Telephone
Address	ttrefftzs@dreeshomes.com
39440	Email Address
License #	
Electrical Contractor	Information
Description of Work SFD Ser	rvice Size:Amps T-Pole: X Yes I No
All Trade Contractors	919-481-2499
Electrical Contractor's Company Name	Telephone
1001 Trinity.Road	dcusher@alliradecontractors.co
Address	Emall Address
23179	
License #	
Mechanical/HVAC Contrac	<u>itor Information</u>
Description of Work SFD	
All Trade Contractors	919-481-2499
Mechanical.Contractor's.Company Name	Telephone
1001 Trinity Road	Jpring@alitradecontractors.com
Address	Emall Address
36013	
License #	
. Plumbing Contractor in	
Description; of Work SFD	
Poole's Plumbing inc.	919-661-6334
Plumbing Contractor's Company Name	Telephone
200 Tinsteel Court	bob@poolesplumbing.com
Address	Emall Address
21404	
License #	of annual lan
Insulation Contractor in	
TriCity, 7204 Becky Circle, Releigh, NC 27615	919-790-9604
Insulation Contractor'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, sile 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-lesue fee is \$150.00. After 2 years re-lesue fee is as per current fee schedule.

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 carrying out the work.
Sign w/Tille: M Chappe Permit Coordinator Dale: 3/20/2003