

Application #

* 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: Ricardo Rodriguez Mendoza	Date
Site Address: 51 Knight rd broadway N.C. 2	7506 Phone (919)356-9933
Subdivision: _,	Lot _ 5
Description of Proposed Work: New home constructor	Total Job Cost
General Contractor Information	1
Building Contractor's Company Name 172 Steel Bridge Rd Sanford Mc 27338 Address	919 353 1494
Building Contractor's Company Name	Telephone
172 Steel Bridge Rd Sanford MC 27338	jay horris @ msn. con
Address	Email Address
20294 M.C. HEATED SQ FT 2130 GARAGE SO	2 FT 480
License # Electrical Contractor Information	n /
Description of Work Service Size:	Amps T-Pole: Yes No
Description of Work Service Size: Wester and Pace electric UC Electrical Contractor's Company Name	(919) 499 - 3946 Telephone
614 lestie rd Sonford N.C 27332	
Address	Email Address
12007 - U License #	
Mechanical/HVAC Contractor Inform	nation
Description of Work	
Dand D HVAC LLC	(419) 628-2183
Mechanical Contractor's Company Name	Telephone
605 chatham st Sanford us	
DIOS (MATINATION STREET)	
Address	Email Address
Address 2.33.71	Email Address
Address 23371 License #	
Address 23371 License # Plumbing Contractor Information	on and a second
Address 23371 License # Plumbing Contractor Information Description of Work	on _# Baths2
Address 23371 License # Plumbing Contractor Information Description of Work MCOORGO PIJ when a	on _# Baths2 (919) 770-0773
Description of Work Plumbing Contractor Information Plumbing Contractor's Company Name	on _# Baths2
Address 23371 License # Plumbing Contractor Information Description of Work MCOORGO PIJ when a	on _# Baths2 (919) 770-0773
Description of Work Plumbing Contractor Information Description of Work Plumbing Contractor's Company Name S321 Swanns Statley Vd San ford UC	on _# Baths2 _(919) 770-0773 Telephone
Address 23371 License # Plumbing Contractor Information Description of Work McJonald Plumbing Plumbing Contractor's Company Name 5321 Swanns Station vd Sanford UC Address 11824 License #	m# Baths2
Plumbing Contractor Information Description of Work McJonald Plumbing Plumbing Contractor's Company Name S321 Swanns Station vd San ford UC Address 11874 License # Insulation Contractor Information	# Baths 2 (919) 770-0773 Telephone Email Address
Address 23371 License # Plumbing Contractor Information Description of Work McJonald Plumbing Plumbing Contractor's Company Name 5321 Swanns Station vd Sanford UC Address 11824 License #	m# Baths2

*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

G 20/27

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:	