

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Application # _____

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: Kent Donna Jackson | Date 7-10-3 023 |
|---|---|
| Site Address: 1727 Keilh Hills Drive | Phone 919-520-3681 |
| Cubdivision: Katil III | Lot |
| | Total Job Cost 540, 000 |
| | |
| General Contractor Informatio | |
| Building Contractor's Company Name | <u>GIQ -779 - 2880</u> Telephone |
| 8836 Pagedall A1 | |
| Address | Toxollono u'l ders Og Mail. La Email Address |
| 20121 HEATED SQ FT 2494 GARAGE S | |
| License # | |
| Description of Work Wire S Electrical Contractor Information | on Old Amno T Palas (A |
| Mahruls Electrical Couls | 200 Amps T-Pole: Yes No |
| Electrical Contractor's Company Name 731 Mabry R.J. Ansier Address 2750 | 919 - 639-483'7 Telephone |
| 731 mabry Rd. Ansier | Johnnie & Maboy electrical. Co |
| Address 2.750 / | Email Address |
| 130 110 | |
| License # | |
| Description of Work New HVAC Contractor Inform | nation |
| A | 2// 00 |
| Mechanical Contractor's Company Name | Geraldo magnorh vac. com Email Address |
| -1000 Good Worth Dr ADON | Carala (Carala) |
| Address 97530 | Email Address |
| 12309 | |
| License # | |
| Plumbing Contractor Informatio | 7) |
| Description of Work Firstall Physics in New SF | #Baths |
| Plumbing Contractor's Company Name | 919-553-4455 |
| 20 Zor 920 Clark | Telephone |
| Address 154 Clayton 1/528 | Terong @bpplumbing. com |
| 27/32 | Email Address |
| License # | |
| Insulation Contractor Information | |
| LIVE Green | 919-453-6411 |
| 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, 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

| 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: |