

Application #	

919-902-0990

919-661-0999

Telephone

Email Address

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Description of Work

Address 34800

Plumbing Contractor's Company Name

Insulation Contractor's Company Name & Address

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Date: 00.15 · 2023 Owner's Name: Phone: 919-233-6747 Total Job Cost: \$250,000.00 Description of Proposed Work: General Contractor Information Building Contractor's Company Name Elarner, NC 21529 Address 59785 License # **Electrical Contractor Information** Amps T-Pole: ___Yes ___No Service Size: Description of Work Kearns Electrical Contractor's Company Name **Email Address** License # Mechanical/HVAC Contractor Information Description of Work DAD HVAC Mechanical Contractor's Company Name 605 Chatham St. Sanford, NC 27330 919-1028-2183 Plumbing Contractor Information

*NOTE: General Contractor / owner must fill out and sign the second page of this application.

Insulation Contractor Information



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
Sign w/Title Sheely Mary General Manager Rateigh Date: 06/15/2023