

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: Danry Ray Dors	Date 6-19-23
Site Address:	Phone 252-343-1665
Subdivision: NIA	Lot <u>B</u>
Description of Proposed Work: Www House	Total Job Cost 489, 500 .00
General Contractor Information	
	919 417-9141
Dennis McLaurin Building Contractor's Company Name Dennis McLaurin Building Contractor's Company Name	Telephone
7527 Christian light Rd Udring Address	= "
100000	Email Address
A94al HEATED SQ FT GARAGE SQ License #	FT
Electrical Contractor Information	l
Description of Work New Nocese Service Size:	Amps T-Pole: YesNo
Roberto Electrial Company	919 730-6430
Electrical Contractor's Company Name	Telephone
4281 Michael Alan C+ Graham Nie Address 27253	
	Email Address
33160	
License # Mechanical/HVAC Contractor Information	ation
Description of Work New House	
To Marie and Ass Condition its	919 552-3053
Mechanical Contractor's Company Name	Telephone
Mechanical Contractor's Company Name 1539 Wade Stephenson Rd Springs	relephone
Address NEWS	Email Address
H312655	
License #	
Plumbing Contractor Information	1
Description of Work New House	# Baths 3 12
D+U Repair Service	919 586 5317
	Telephone
288 Baker Town Rel Nil 27525	
Address	Email Address
. == 0/	Ziridii / taarooo
15986	
License #	

*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.

Donnis Mc Facusin Dwyer

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: Dennés M. faurin OWNET Date: 6-19-23