

\* 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**

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Owner's Name: Paramount Lawes, Theseparates	Date 8-22-2023
Owner's Name: Taxamount tower Tugues Varing, N	C Phone 114.600
Subdivision: ( attack and a	
Description of Proposed Work: New Stinger Family Res.	Total Job Cost
Contractor Information	
Paramount Homes, Incorporated	919.608.4154 Telephone
Building Contractor's Company Name	Telephone
990 f Wishing Willow Dr. Roley NC 275	Email Address
Address	
HEATED SQ FT GARAGE SQ	
Electrical Contractor Information	Amps T-Pole: YesNo
Description of Work Service Size: 2	0.0 U812 U.79
All Trade Contractors - Mc Grath Fle frice	Telephone
Electrical Contractor's Company Name	bousher@alltradecontractors.com
Address	Email Address
23/79-5FD Dean Cusher-holder	
License #  Mechanical/HVAC Contractor Information	
Description of Work Nove Pasedential 5 F Home	- Heat Pump HVAC
Description of Work Acres (Section 2)	919.481.2429
All Trade Contractors - Jeshue Pring (trolder) Mechanical Contractor's Company Name	Telephone
1001 Trinity Pd Cary, NC 27519	I Pringa al tradecontractors, co
Address	Email Address
36013 H.3 Class 1	
License # Plumbing Contractor Information	
Description of Work New Residential S Fflome	
Juest water Plumbing	919.270-6869
Plumbing Contractor's Company Name	Telephone
4318 Triland Way Cary, NC 27518	Tom@sweetwaterplumbing 11c.cov Email Address
Address	Elliali Address
23793 Tom Bailey holder License #	
Insulation Contractor Information	
Insulating Inc 5902 facotiville Rd Roleige	919.772-9000 Telephone
Insulation Contractor's Company Name & Address 2760	3

\*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

8.22-2023

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 eovering 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: