

Application #

* 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. Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

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Owner's Name: GOLDEN PROPERTY + DOVERSPINENT	Date: 10/30/2004
Site Address: 16 HOLLY GAOVE LANG LILLINGTON	NC Phone: 919-616-2511
Subdivision: Sithart	Lot:
Description of Proposed Work: SFO	Total Job Cost: 4/57, 210
General Contractor Information	
GOLDEN PASPELTILI - DEVELOPMENT	919 - 616 - 2391 Telephone
Building Contractor's Company Name	Telephone
5160 NC Huy 42 W, GARRIE, NC 27529	Email Address
Address	Email Address
65546 HEATED SQ FT 1411 GARAGE SC	IFT_289_
License # Electrical Contractor Information	2
Description of Work Sro Service Size:	200 Amps T-Pole: Yes No
C+m circinic INC	914-772-4518
Electrical Contractor's Company Name	Telephone
GOO BRICKSTER LANE GARNER NC 27529	
Address	Email Address
05689	
License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work Sro	
STOPHENS: NO HEADING & AIR INC	919-329-0686
STEPHENS: MEANUL + AIR THE Mechanical Contractor's Company Name	
Description of Work SFD STEPHENS: METATING & AIR TWC Mechanical Contractor's Company Name 343 SHIPWAH DE GARRIE NC 27529	919-329-0686 Telephone
STEPHEUS: NEATING + AIR THE Mechanical Contractor's Company Name 343 SHIP WASH DE GARNIN NC 27527 Address	919-329-0686
STEPHELS: NEATING & AIR THE Mechanical Contractor's Company Name 343 SHIP WASH DE GARNER NC 27529 Address 18644	919-329-0686 Telephone
Description of Work SFO STOPHELIS: NO HEATING & AIR THE Mechanical Contractor's Company Name 343 5 H1P WASH DIE GAMMEN NC 27529 Address 18644 License #	919-329-0686 Telephone Email Address
Description of Work SFD STEPHENS: METATING & AIR TWC Mechanical Contractor's Company Name 343 SHIP WASH DIE GAMMEN NC 27527 Address 18644 License # Plumbing Contractor Information	719-329-0686 Telephone Email Address
Description of Work SFD STEPHELS: MEANUL + AIL THE Mechanical Contractor's Company Name 343 5 H1P WASH DL GARRIL NC 27729 Address 1864 4 License # Plumbing Contractor Information Description of Work SFD	919-329-0686 Telephone Email Address # Baths
Description of Work SFD STEPHENS: No INTERNAL FAIR TWC Mechanical Contractor's Company Name 343 SHIP WASH ON GAMMA NC 27729 Address 18644 License # Plumbing Contractor Information Description of Work SFD Amb 17 Pumbink INC	919 - 329 - 0686 Telephone Email Address # Baths 919 - 934 - 1379
Description of Work SFO STOPHOLIS: MEANUE + AIR TWO Mechanical Contractor's Company Name 343 SHIP WASH DIE GARRIER NO 27527 Address 18644 License # Plumbing Contractor Information Description of Work SFO Amb 17 Plumbing Contractor's Company Name	919-329-0686 Telephone Email Address # Baths
Description of Work SFD STEPHENS: No INTERNAL FAIR TWC Mechanical Contractor's Company Name 343 SHIP WASH ON GAMMA NC 27729 Address 18644 License # Plumbing Contractor Information Description of Work SFD Amb 17 Pumbink INC	919 - 329 - 0686 Telephone Email Address # Baths 919 - 934 - 1379
Description of Work SFD STEPHENS: NO HEADING & AIR TWC Mechanical Contractor's Company Name 343 SHIP WASH DIE GARNIN NC 27529 Address 18644 License # Plumbing Contractor Information Description of Work SFD Amb 17 Plumbing Twc Plumbing Contractor's Company Name 755 Rock filme RD Clayper NC 27574	919 - 329 - 0686 Telephone Email Address # Baths 919 - 939 - 1379 Telephone
Description of Work SFD STOPHOLIST INCAME Mechanical Contractor's Company Name 343 SHIP WASH DIE GAMME NC 27529 Address 18644 License# Plumbing Contractor Information Description of Work SFD Amb 17 Plumbin's INC Plumbing Contractor's Company Name 755 Rock flush RD Clayron NC 27524 Address 20823 License#	P19-329-0686 Telephone Email Address # Baths 919-934-1379 Telephone Email Address
Description of Work SFD STEPHEUS: IN INCAMUSE AND TWO Mechanical Contractor's Company Name 343 SHIP WASH DIE GANNIE NO 27527 Address 18644 License # Plumbing Contractor Information Description of Work SFD Amb 17 Pumbing Description of Work INC Plumbing Contractor's Company Name 755 Rock flushe RD Claype No 2758 Address 20823 License # Insulation Contractor Information	P19-329-0686 Telephone Email Address # Baths 919-934-1379 Telephone Email Address
Description of Work SFD STOPHOLIST INCAME Mechanical Contractor's Company Name 343 SHIP WASH DIE GAMME NC 27529 Address 18644 License# Plumbing Contractor Information Description of Work SFD Amb 17 Plumbin's INC Plumbing Contractor's Company Name 755 Rock flush RD Clayron NC 27524 Address 20823 License#	919 - 329 - 0686 Telephone Email Address 11 # Baths 919 - 939 - 1379 Telephone Email Address

*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! 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 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 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: 1 PloTer margin Date 10/20/2023