

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: Yelena Porzio Date Olly aoay Site Address: 3440 MAHHWM. U. Pow Rol Argier NC Phone 919-437-3443 Subdivision: Lot 2		
Description of Proposed Work: New Home Total Job Cost 498, 200		
Building Contractor's Company Name  Address  Tys45  HEATED SQ FT 2194  General Contractor Information  919-815-3300  Telephone  Telephone  Telephone  Email Address  Email Address  HEATED SQ FT 2194  GARAGE SQ FT 384		
Description of Work New Home Service Size: 200 Amps T-Pole: XYes No New Home Service Size: 200 Amps T-Pole: XYes No New Home Service Size: 200 Amps T-Pole: XYes No New Home Telephone Telephone News Lector again Address  L-303  License #		
Mechanical/HVAC Contractor Information		
Description of Work New Home  Am S Mechanical Contractor's Company Name  1013 Pen Ridge Rd New Hru  Address  Bagy 8  License #		
Plumbing Contractor Information		
Description of Work New (fr.)  All Max  Plumbing Contractor's Company Name  3 438 Reliance free frex  Address  License #  # Baths 2 /2  919-678-011  Telephone  WE All-Max Jumby (or Email Address)		
Insulation Contractor Information		
Insulation Contractor's Company Name & Address / Tolentone & 5		

\*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 <a href="bysigning-below-I have obtained all subcontractors">bysigning-below I have obtained all subcontractors</a> permission to obtain these permits and if <a href="mailto:any">any</a> 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 wo set forth in the permit:	ork
Has three (3) or more employees and has obtained workers' compensation insurance to cover them	١.
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.	Э
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 prito issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work	or
Sign w/Title:	1