

Application #

Each sector to low to be filled out // violates condition of our // violates conditions of our // violates conditions // v

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

Application for Residential Building and Trades Permit

		,	- Thriban	11 0 01
Owner's Name:	combenhand Homes	,	1.55	Date: 4-8-24
Site Address: 2	5 Preacher Lyne Ansi	en NC 27501	Phon	e: 910-892-4345
	rits Place		Lot:	
Description of Propo	sed Work: New Size	le Family To	otal Job Co	st: \$152,320,00
1 / /		tractor Information	-	
Cumberla	ind Homes The	4	110-84	92-4345
Building Contractor's		Te	lephone /	11. 0 1
M.O. Bex	727 DUNI, N.C. 8	28735	nail Addres	illing@gnail.com
59493				5 0 7
License #	SEA REGISTER	EMPAGE SOF		
1	Electrical Go	ntractor Information		
Description of Work	NSF DWEILING	Service Size: ZE	Amps	T-Pole: Yes No
Electrical Contractor	r's Company Name		elephone	9-5389
546 Leslie		(P. 28337	NIA	
Address	e. S. Marchay		mail Addres	SS
12007-K				
License #	Machanian (/UV/A	C Contractor Informati	07	B.
	1.	C Contractor Information	011	
Description of Work	The state of	7 \	21a- 27	9-0686
Machanical Contrac	ctor's Company Name		elephone	-1 0000
343 360	wash Dr. Carren	. / .		
Address	our con, carren	E	mail Addre	SS
10644			# # # # # # # # # # # # # # # # # # #	¥*
Lidense #	Disambia a C	ntractor Information	in the state of th	
5)16	NST Dwellis	ontractor Information	Baths 9	1
	Lumbins	#		303-1896
	or's Company Name	T	elephone	10 010
	DUNN NC 28335		DUSINES	e TiTansplumbing, con
Address		E	mail Addre	SS
34800				
License #	// Insulation C	ontractor Information	0 0	
TATUM	Insulating		919-	661-0999
Insulation Contract	or's Company Name Address	3	Telephone	
the state of the s		0.000	and the	
*NOTE: Gen	eral Contractor / owner must	fill out and sign the se	cond page	of this application.

strong roots · new growth



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 carrying out the work.
Sign w/Title: Pal MM PAWAT Mrmq56A Date: 4-9-24