

Application #

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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:         | TMD. Residential  | Date: 4-8-24   |
| Site Address: 57      | 1 Preacher Lane Ansien NC 27501   | Phone: 910-892-4345  |
|                       | 173 PLACE   | Lot: 9   |
| Description of Propos | sed Work: New Sixgle Family   | Total Job Cost: 4/43, 055. 10  |
| 1 / /                 | General Contractor Information  |  |
| Cumberla              | of Former Tre.  | 910-892-4345   |
| Building Contractor's | 727 Duni N. C. 28335  | Telephone  Nortisbuilding @ gnail.com  Email Address   |
| Address               | TAT DIGHT, N. C. 20195  | Email Address  |
| 59493                 | श्रीहर्भाद्यम् वर्षास्य स   |  |
| License #             | Electrical Contractor Information   |  |
| Description of Work   | NSF DWELLING Service Size;  | 200 Amps T-Pole: YesNo   |
| wester +6             | Pace Electric   | 919-499-5389   |
| Electrical Contractor |   | Telephone  |
| 546 Leslie<br>Address | Dr. Santone, N.C. 28792   | Email Address  |
| 12007- K              |   |  |
| License #             |   |  |
|                       | Mechanical/HVAC Contractor Inform   | lation   |
| Description of Work   | as Destour Ellis  | 919-329-0686   |
| Mechanical Contract   | tor's Company Name  | Telephone  |
| 343 Shill             | wash Dr. Carner N.C.  |  |
| Address               |   | Email Address  |
| Lidense #             |   | and the state of t |
|                       | Plumbing Contractor Information   | <u>on</u>  |
| Description of Work   | NST Dweiling  | # Baths &  |
| TITAN'S P             | Lumbins   | 984-303-1896   |
|                       | r's Company Name  | Telephone Con  |
| Address               | DUNN NC 28333   | Dustines e Tiltus plumbing, con<br>Email Address   |
| 34800                 |   | Email Adol do  |
| License #             | A Istaulation Contractor Informati  |  |
| TA frent              | Insulation Contractor Informati   | 919-1061-0999  |
| Insulation Contracto  | or's Company Name Address   | Telephone  |
|                       |   |  |
| 1 1                   | THE REPORT OF THE PROPERTY OF | THE PROPERTY OF STREET AND ADDRESS OF THE PROPERTY OF THE PROP |

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

4-9-24 Date

| Affidavit for Worker's Compensation N.C.G.S. 87-14  |  |  |  |
|---|--|--|--|
| The indersigned 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 Neh Pausen Mnn45en Date: 4-9-24   |  |  |  |