

* Each section below to be filled out by whomever performing work.

Must be owner/occupier or licensed contractor. Address, company name & phone must match

Application for

Application # _____

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: Caspar nune?	Date: 02/23/24/
Site Address 1398 WC Hay 55 Dunn	
Subdivision:	Lot:
Description of Proposed Work: new House and storage	Robatal Job Cost: \$ 275,000
General Contractor Information	
Gaspar hunez	919-4276027 Telephone Gaspar-noneroyaHood Email Address
Building Contractor's Company Name	Telephone
1398 NC Hwy 55 Dunn	gaspar-nunera yaHood
HEATED SQ FT_30/7 GARAGE S	
License #	
Description of Work wire new Housean Is for Sprvice Size	On Amps T-Pole / Ves No
	919-6690067
Bunny Electrical LLC. Electrical Confactor's Company Name	919-6690063 Telephone
Address	Email Address
29839 License #	
Mechanical/HVAC Contractor Infor	mation
Description of Work now House and storage Room	
	919-369-2657 Telephone
Mechanical Contractor's Company Name	Telephone
1539 wades tephenson rd. Holly springs	5 3.11
Address 22047	Email Address
License #	
Plumbing Contractor Informati	
Description of Work new House and Storage Room	# Baths3
Plumbing Contractor's Company Name	919-4720100
Flumbing Contractor's Company Name	relephone
Address	Email Address
18 214	
License #	
Insulation Contractor Information	919-630-8365
Insulation Contractor's Company Name & Address	Telephone

*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

01/03/24

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
General Contractor Gw Owner Gw 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.
9w 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: Paspor Muney Date: 04/08/24