

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 ஈமலான் ப்பிர்றுமா, AIC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

ation	on license.	and I	raues Permit		
-	Owner's Name:	JONATHAN TEMPLY		2.11-	12.1
,	Site Address: 174	1172 WILLIS LANZ BYNNLEY	er NY DI	Date: 6 5	27
	Subdivision:	t (As			
1	Description of Propose	d Work: SFA - Z	Lor: Total Job Cost:	h An	
	M .	Ganaral Contract to			
11055 TUMI KULINGO 3 VENT					
	Building Contractor's C	ompany Name	Telephone	2111	
7	Address	LILLINGTON, NC 27546			
_	18637 icense #	HEATED SQ FT 8/6 GARAGE SO	Email Address		
г	locariation of M.	Electrical Contractor Informatio	n		
_	Description of Work		Amps T-Po	ole:Yes	No
Ē	lectrical Contractor's C	TRUE Y UNITE A BOLL IN	(910) 814	.3751	
	4212 OLD 115 42	-1 LILLINGTON, NE 27546	Telephone		_
		LEGINOTEN, AC 21348	Email Address		_ ,
1	2(643 icense#		air radices		
		Mechanical/HVAC Contractor Inform	ation		
	escription of Work		auon		
-	BEASLEY'S ATG	à Ane inc	(5 to) 60 d	1-10	
IV	lechanical Contractor's	Company Name	Telephone	-4248	_
A	ddress	EU LN COATS NY			
	9497		Email Address		_
Lie	cense #			•	
De	corintian asset	Plumbing Contractor Information	1		
De	escription of Work		# Baths		
Plu	INILLIFORD PLUM Imbing Contractor's Co	manager Manager	9191 915-	0.533	
6	65 JERNIGAN	1 and Pa	Telephone		_
	.4.000	LOOP RD DUWN, NE	E		
Lie	30747		Email Address		
LIC	ense #	Inculation C			
2	MEDALNS RING	Pas Au (75	100		
Ins	ulation Contractor's Co	ompany Name & Address	Tatenhone	0-8365	
			Fightions		

*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.

Jan Uslad				
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 wor 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 nem.				
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: Date: 6/5/24				