

Application # <u>SFD 2405-00</u>55

* 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
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

ation on license.		
Owner's Name:	Austin Karbraugh	Date: 7-10-24
Site Address: 13	67 old stage Zd. N. Costs N.	Phone: 919 - 1.10 040
Subdivision: Tra	et 3 Ronald Norman	10t: 172 4 3
Description of Propos	ed Work: New Single Family	Total Joh Cost: #20 000
	General Contractor Information	_ 10tal 300 00st 100 000
Keith Rules	/ 3 :11	
Building Contractor's	Suilders Inc. Company Name	919-427-4628 Telephone
72 Overlos	K ct. Anies No. 27501	Visit 111000
Address	Company Name K ct. Ausier, NC 27.501	Email Address
11201	HEATED SQ FT 308/ GARAGE SQ	ET GOS
License #	ON OUR DE	11_003
Description of Work	Electrical Contractor Information	
Dean Electri		Amps T-Pole: YesNo
Electrical Contractor's	Company Name	919-669-6063 Tolophone
2793 Bast	ist Gave Zd. Figury-Varina	Telephone
Address	a to the ra. A leguly - WASHAL	Email Address
29839-L	(Linaii Address
License #		
	Mechanical/HVAC Contractor Information	ation
Description of Work	New	
JCS Heatin	5 4 At Carditioning Service	919-552-3053
	o company manic	Telephone
Address	Storiaison Za Holly Spines	
National Section 2	, , _	Email Address
H-3 19655 License #	_	
	Plumbing Contractor Information	
Description of Work	1 = 5	# Baths
	Plumbing In	919-884-5892
Plumbing Contractor's	Company Name	Telephone
\ m	34 Benson	relephone
Address		Email Address
PO 7958	- -	
License #	landellan out of the	
Stephen 2	Insulation Contractor Information	The same of the contract of th
Insulation Contractor's	Company Name & Address	919-630-8365
	ration Pricy, Faleigh	Telephone
*NOTE: Ganaral	,	



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

7-10-24

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: Date: 7-10-24		