

Application # _____

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

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Copelia Street-Madzivanyika	Date <u>12/10/24</u>
Site Address: 148 Cemetery Lane	Phone (910) 890-0787
Subdivision:	Lot
Description of Proposed Work: Rebuild NC Project: replacing damaged home with stick build home	
General Contractor Informa	<u>ation</u>
_Shepherd Response LLC Building Contractor's Company Name	_(919) 901-7500 Telephone
401 E Main St., Suite 200, Clayton, NC 27520 Address	_sheena@shepherd-response.com Email Address
86629 HEATED SQ FT GARAG	E SQ FT
License #	
<u>Electrical Contractor Inform</u> Description of Work Electrical connection for new, stick build home. Service S	
Shepherd Response LLC	(919) 901-7500
Electrical Contractor's Company Name	Telephone
401 E Main St., Suite 200, Clayton, NC 27520 Address	sheena@shepherd-response.com Email Address
19800 License #	
Mechanical/HVAC Contractor In	formation
Description of Work Mechanical connection for new, stick build home.	
Shepherd Response LLC	(919) 901-7500
Mechanical Contractor's Company Name	Telephone
401 E Main St., Suite 200, Clayton, NC 27520	sheena@shepherd-response.com
Address	Email Address
Plumbing Contractor Inform	
Description of Work Plumbing connection for new, stick build home.	# Baths
Shepherd Response LLC	(919) 901-7500
Plumbing Contractor's Company Name	Telephone
401 E Main St., Suite 200, Clayton, NC 27520	sheena@shepherd-response.com
Address	Email Address
22256	
License # Insulation Contractor Inform	nation
Shepherd Response LLC	
Insulation Contractor's Company Name & Address	_(919) 901-7500 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.

Kyle Aulet	12/10/24	
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:		
X General Contractor Owner Off	icer/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:		
X 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.		
\underline{X} 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: Kyle Aulet	Date: 12/10/24	