

\*Must be owner/occupier or flicensed contractor Address, company name & phone must match information on license Application # \_\_\_\_\_\_ Harnett County Central Permitting 420 McKinney Pkwy Lillington, NC 27546 PO Box 65 Lillington, NC 27546 910-893-7625 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Date 8/7/2024
Phone 919-520-8406
Lot 1
Total Job Cost <u>3 140,000</u>
919-520-8406
Telephone
oliver.hudson@lgihomes.com
Email Address
375
373
Amps T-Pola: Yes No
919-667-1600 Telephone
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J. Crowotrein C Cychob · Cow
tion
20. 20.
704-882-4522
Telephone
1 byrd @ Ceryl mechanicaus. Com
Email Address
# Baths
910-1016-1012
Telephone
businessetitansplumbing.com
Email Address
919-661-0999
Telephone

NOTE: General Contractor / owner must fill out and sign the second page of this application.

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## Davidson

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. 8/7/2024 Date

Signature of Owner/Contractor/Officer(s) of Corporation

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: Last In - Regional Construction Munique, Date: