

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

The	Affidavit undersigned applicant being t		Compensation N.C.G.S	. 87-14	
X	General Contractor	Owner	Officer/Agent of the Co	ntractor or Owner	
	ereby confirm under penalties orth in the permit:	s of perjury that th	e person(s), firm(s) or corpor	ation(s) performing the work	(
	_ Has three (3) or more empl	oyees and has ob	otained workers' compensation	n insurance to cover them.	
them	Has one (1) or more subco	ntractors(s) and h	as obtained workers' comper	nsation insurance to cover	
	_ Has one (1) or more subcorring themselves.	ntractors(s) who h	nas their own policy of worker	s' compensation insurance	
	_ Has no more than two (2) e	mployees and no	subcontractors.		
Depa to iss carry	e working on the project for what wance of the permit and at an ing out the work.	y require certificat by time during the	es of coverage of worker's co	ompensation insurance prior	r