

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.hamett.org/permits

approacion to: Residential Building and The	ades I citiat
Owner's Name: Whitledon Builders Enterpris Site Address: 184 AVMY Part Fruin MC	05 Date 12-9-24
Site Address: 184 AVILY GOD EININ NC	Phone 919 427 8465
Subdivision: ~ (P)	Lot
Description of Proposed Work: 5FO	Total Job Cost 355, 000, 00
General Contractor Information	ť
Whitelever buildles EMPROLISES	919 427 8465
Building Contractor's Company Name	Telephone
843 Nelchbors Ad Dynn NC 28334	Maj. 2019), washing the Alaborat
Address	Email Address
48607	
License # Electrical Contractor Information	
Description of Work SFD Electrical Contractor Information	YesNo
Flecting Conpara	984 364 0109
Electrical Contractor's Company Name	Telephone
34 Juled Orive Argiel NC 27561	
Address 1.3449 &	Email Address
License #	
Mechanical/HVAC Contractor Information	
Description of Work	
(Seasley15 HVAC	919 844 4248
Mechanical Contractor's Company Name	Telephone
57 WC Brasley Land logis NC	
Address / QUQ7	Email Address
License #	
Plumbing Contractor Information	
Description of Work \$ F \(\)	# Baths 2 2
Evan Stewart Hurgrove	- GIB GAD 7617
Plumbing Contractor's Company Name	Telephone
2409 Juniper Church ld- Four Dalls	. Siophiono
Address	Email Address
36339	
License #	
In City Insulation 3154 Ranger Rd.	919 698 0636
	111 1010 0000
Insulation Contractor's Company Name & Address	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.

number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify to 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 see schedule. Vodd () 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

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: 12-9-24

Has no more than two (2) employees and no subcontractors.

covering themselves: