

Application # _____

Harnett County Central Permitting

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

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

Application for Residential Building and Ti	ades i crime
Owner's Name: Linda Marchese Joe Marchese Date 12/4/24 Site Address: 64 #2 (445) Bryant Road Dunh Phone 914, 224. 3608	
Subdivision: N/A	Lot
Description of Proposed Work: 5FD Residuatial	_ Total Job Cost
General Contractor Information	
Syndicate Homes	919.971. 2784
Building Contractor's Company Name	Telephone
Building Contractor's Company Name 2933 Wall Stre Road Game N 27529 Address	sales Osyndicate homes, net
Address	Email Address
License #	N/B
Description of Work New September Service Size: No Amps T-Pole: YesNo	
Electrical Contractor's Company Name	(919) 894.5367 Telephone
	Гејерпопе
Address	Email Address
21144	Enali Address
License #	
Mechanical/HVAC Contractor Information	
Description of Work NEW SFD	
Carolina Confort Air	919,901,8901
Mechanical Contractor's Company Name	Telephone
Mechanical Contractor's Company Name 5212 VS-70 BUS, Clayton NC 27520	asmith & carolina confortair, com
Address	Email Address
315 89	
License # Plumbing Contractor Information	
	_ 2
Description of Work NEW SPD	# Baths 6 919,522,5984
Plumbing Contractor's Company Name	919. \ (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Plumbing Contractor's Company Name	
177 Declar Val. 1100 00 + 11 78(70	Telephone
122 Ogster Rock, New Port NC 28570	Telephone
Address	Telephone
122 Og ster Roch, New Port M 28570 Address L. 31279 License #	Telephone
Address L · 31279 License #	Telephone integra @ two.com Email Address
Address L · 31279 License #	Telephone integra @ two.com Email Address
License #	Telephone integra @ two.com Email Address

*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.

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

12/4/24

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	
Sign w/Title: De President of Syndicial Hours Date: 12/4/24	