

CentralPermitting@Harnett.org (910) 893-7525 ext:1 420 McKinney Pkwy (physical) PO Box 65 (mailing) Lillington, NC 27546

## RESIDENTIAL BUILDING APPLICATION

Site Address: 9398 HW427 W	PIN: 05/1-28-5772,000
Owner: JMATTHEWS B/D LLC Phone: 9/9-29/- 1/US	Email: & mothews 05 GD gmail. Com
Description of Proposed Work: <u>SFD</u>	Total Job Cost: # 1/68,000
* Must be owner or licensed contractor. Address, company name  "I MATHEWS BID LLC  General Contractor's Company Name  782 PEWNY RD ANAIER, NC 2750/  Address  45214  License #	Phone must match information on license.  919-291-1104  Phone 10maHhers 0560gma11.com  Email
ELECTRICAL CONTRACTOR INFORMATION	
Description of Work: <u>SFD</u> RST FLETRIC Electrical Contractor's Company Name  3376 ZACK'S MILLRD ANGIER, NC 2750  Address 26202-/ License #	Service Size: 200 Amps T-Pole: YES D NO D  919-291-8766  Phone  Email
MECHANICAL/HVAC CONTRACTOR INFORMATION	
Description of Work: <u>SFD</u> Confident Heating Hair  Mechanical Contractor's Company Name  P.O. BOY 1571 Hapt Mile, NC 28348  Address  2012  License #	910- 858- 0000 Phone
PLUMBING CONTRACTOR INFORMATION	
Description of Work: SFD  Madevald Lyndring  Plumbing Contractor's Company Name  53 21 Suranu Statlor Ry Sonford NC,  Address  1/324  License #	# of Fixtures: Phone Email
INSULATION CONTRACTOR INFORMATION	
Tai City Am	916-486-8855



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.		
James d. Mayfus		
Signature of Owner/Contractor/Officer of Corporation	Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14		
The undersigned applicant being the:		
General Contractor Owner Officer/Agent of the Cor	tractor or Owner	
Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation permit:	oration(s) performing the work set forth in the	
Has 3 or more employees and has obtained workers' compensation insura	nce to cover them,	
Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,		
Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,		
Has no more than 2 employees and no subcontractors,		
While working on the project for which this permit is sought and it is understood the permit may require certificates of workers' compensation insurance coverage out the work prior to issuance of the permit or at any time during the permitted wo	from any person, firm, or corporation carrying	
Signature of Owner/Contractor/Officer of Corporation	Date	
argnature of Owner/Contractor/Officer of Corporation	Date	