

Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Daniel Jasso Espitia Date: Site Address 1009 Stockyard Rd, Lillington NC 37546 Phone: [4]9]& 1391 Subdivision: Lot: Description of Proposed Work: SFD - mono Total Job Cost: SD, OOD Building Contractor's Company Name Telephone Address HEATED SQ FT GARAGE SQ FT Service Size: Amps T-Pole: Yes No Owner Information Description of Work Service Size: Amps T-Pole: Yes No Owner Information Description of Work Service Size: Amps T-Pole: Yes No Owner Information Description of Work Service Size: Amps T-Pole: Yes No Owner Information Description of Work Service Size: Amps T-Pole: Yes No Owner Information Description of Work Service Size: Amps T-Pole: Yes No Owner Information Description of Work Service Size: Amps T-Pole: Yes No Owner Information Description of Work Service Size: Amps T-Pole: Yes No Owner Information Description of Work Service Size: Amps T-Pole: Yes No Owner Information Description of Work Service Size: Amps T-Pole: Yes No Owner Information Description of Work Service Size: Amps T-Pole: Yes No Owner Information Description of Work Service Size: Amps T-Pole: Yes No Owner Information Description of Work Service Size: Amps T-Pole: Yes No Owner Information Description of Work Service Size: Amps T-Pole: Yes No Owner Information Description of Work Service Service Size: Amps T-Pole: Yes No Owner Information Description of Work Service Service Size: Amps T-Pole: Yes No Owner Information Description of Work Service Service Size: Amps T-Pole: Yes No Owner Information Description of Work Service Service Size: Amps T-Pole: Yes No Owner Information Description of Work Service Service Size: Amps T-Pole: Yes No Owner Information Description of Work Service Service Size: Amps T-Pole: Yes No Owner Information Description of Work Service Service Size: Amps T-Pole: Yes No Owner Information Description of Work Service Service Size: Amps T-Pole: Yes No Owner Information Description of Work Service Service Size: Amps T-Pole: Yes No Owner Information Description of Work Service Service	Owner's Name Oracial Tosco Familia	Data
Subdivision: Description of Proposed Work: Description of Proposed Work: SFD - MOOO General Contractor Information Building Contractor's Company Name Telephone Email Address HEATED SQ FT GARAGE SQ FT License # Electrical Contractor Information Description of Work Service Size: Amps T-Pole: Yes No Owner Service Size: Amps T-Pole: Yes No Description of Work Service Size: Mechanical/HVAC Contractor Information Description of Work Service Size: Mechanical Contractor's Company Name Telephone Address Email Address Email Address License # Plumbing Contractor Information Description of Work Baths Durier Service Size: Amps T-Pole: Yes No Telephone Email Address	Owner's Name: Danier Cusso PSD Fig	Date.
Description of Proposed Work: General Contractor Information	Site Address: 1029 Stockyard Rd, Lillington NC	04596 Phone: 1919/818 -1591
Building Contractor's Corfipany Name Telephone Address Email Address HEATED SQ FT GARAGE SQ FT License # Electrical Contractor Information Description of Work Service Size: AmpsT-Pole:Yes No	Subdivision:	Lot:
Building Contractor's Company Name Telephone Address HEATED SQ FT GARAGE SQ FT License # Electrical Contractor Information Description of Work Service Size: Amps T-Pole: Yes No Owner Service Size: Amps	Description of Proposed Work: SFD - mon 0	Total Job Cost: 50,000
Building Contractor's Company Name Telephone Address HEATED SQ FT GARAGE SQ FT License # Electrical Contractor Information Description of Work Service Size: Amps T-Pole: Yes No Owner Service Size: Amps		
Address		
HEATED SQ FT	Building Contractor's Company Name	Telephone
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Description of Work	Address	Email Address
Electrical Contractor Information Service Size:Amps T-Pole:YesNo Dwner		Q FT
Description of Work Service Size:Amps T-Pole:YesNo Dwner		
Electrical Contractor's Company Name Address Email Address License # Mechanical/HVAC Contractor Information Description of Work OLUMER Vanie (Asso Mechanical Contractor's Company Name Telephone Address Email Address Email Address Email Address Email Address License # Plumbing Contractor Information Description of Work OWNER Vanie (Asso Plumbing Contractor Information Telephone Address Email Address Email Address Email Address	Description of Work Service Size:	Amps T-Pole: Yes No
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License # Insulation Contractor Information		
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Insulation Contractor's Company Name & Address Leienhone	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.

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

4-11-25

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.		
${\text{them.}}$ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover		
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: Date: 4-11-25		