

strong roots \cdot new growth

Insulation Contractor's Company Name

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

RESIDENTIAL BUILDING APPLICATION

	•
Site Address: Old Stage Rd N. Amier NC 2750 PIN. 0682-99-9088	
site Address: Old Stage Rd N. Angier NC 27501 PIN: 0682-99-9088 Owner: Erasmo Mejia Callejas hone: 919-592-4906 Email: maxy callejas 75 0 icloud. com	
Description of Proposed Work: New House and G	ara al - 4200.000
Description of Proposed Work. 14000 110/156 AVIA CI	Total Job Cost: \$2007000
GENERAL CONTRACTOR INFORMATION	
* Must be owner or licensed contractor. Address, company name & phone must match information on license.	
Owner-Erasmo Mejia Callejas General Contractor's Company Name	919-592-4900
General Contractor's Company Name	919-592-4900 Phone Maxycallejas 75@ Icloud.com
Ba Holly Berry In Angier NC 27501 Address	Email 15@ 1010ud.com
License #	
ELECTRICAL CONTRACTOR INFORMATION	
Description of Work: New electric	Service Size: <u>200</u> Amps T-Pole: YES ▼ NO □
Erasmo Mejia Callejas-Owner Electrical Contractor's Company Name	919-592-4906
182 Holly Berry in Angier NC 27501	Maxycallejas 75@ 1 cloud.com
Address	Email 100 1000 1000 1000 1000 1000 1000 100
License #	
MECHANICAL/HVAC CONTRACTOR INFORMATION	
•	
Description of Work: Wew HVAC	
Frasmo Mejia Callejas - owner Mechanical Contractor's Company Name 182 Holly Berry In Angier NC 27501 Address	919-592-4904
182 Holly Berry in Amier NC 27501	1 mx4 calleige 75@ 10/04d.com
Address	Email Colv
_icense #	
PLUMBING CONTRACTOR INFORMATION	
Description of Work: New Plumbina	# . . F = 1
Description of Work: New Plymbing Evasmo Nejia Callejas-Owner Plumbing Contractor's Company Name 182 Holly Berry Ln Angier NC2750 Address	910-597-49N
Plumbing Contractor's Company Name	Phone 25
Address	1 maxycallejas/De icloud.com
	Email
icense #	
INSULATION CONTRACTOR INFORMATION	
Evanno Moija Calloias-puner	919-592-4906

Phone



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.

Sa Sa s	
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	
Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:	
Has 3 or more employees and has obtained workers' compensation insurance 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 that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.	
EGSMO MC 06/24/25	
Signature of Owner/Contractor/Officer of Corporation Date	