

*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Application # _____

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

COMMERCIAL

Application for Building and Trades Permit

Owner's Name:	Date:	
te Address:Phone:		
Description of Proposed Work:		
General Contractor Information: Building Cost \$_		
Building Contractor's Company Name	Telephone	
Address	Email Address	
Tyler Hudson		
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Information: Electrical Cost \$	License #	
Description of Work Service Size:	Amps #T-Poles	
Electrical Contractor's Company Name	Telephone	
Address	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation Mechanical Contractor Information: Mechanical Cost	License #	
Description of Work	# Units	
Mechanical Contractor's Company Name	Telephone	
Address	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost \$ _	License #	
Description of Work	# Baths	
Plumbing Contractor's Company Name	Telephone	
Address	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Insulation Contractor Information		
Insulation Contractor's Company Name & Address	Telephone	

*NOTE: General Contractor must fill out and sign the second page of this application



Sprinkler Contractor Information		
Sprinkler Contractor's Company Name		Telephone
Address		Email Address
Signature of Officer(s) of Corporation License #		
Fire Alarm Contractor Information		
Fire Alarm Contractor's Company Name	e	Telephone
Address		Email Address
Signature of Officer(s) of Corporation		License #
<u>Driveway Access</u> - NC Department of Transportation Driveway Access/Permit?YesNo		
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 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 charged at full price per current fee schedule. Tyler Hudson 11/2/2023		
Signature of Owner/Contractor/Officer(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
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 carrying out the work. Sign w/Title:		
Sign w/Title: 1900 / 10000 /	V vice Preside	ent of Sales/Estimating Date: 11/2/2023