

\*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.

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Annication #	
Application #	

## Harnett County Central Permitting PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Building and Trades Permit Owner's Name: Fuguar Varina Phone: (919) 710-27 playwood and rotten wood Description of Proposed Work: Change General Contractor Information: Building Cost \$ 650 -Building Contractor's Company Name Telephone Address **Email Address** Signature of Owner/Contractor/Officer(s) of Corporation License # Electrical Contractor Information: Electrical Cost \$ Amps #T-Poles Description of Work Service Size: Electrical Contractor's Company Name Telephone Address **Email Address** Signature of Owner/Contractor/Officer(s) of Corporation License # Mechanical Contractor Information: Mechanical Cost \$ Description of Work Mechanical Contractor's Company Name Telephone Address **Email Address** Signature of Owner/Contractor/Officer(s) of Corporation License # Plumbing Contractor Information: Plumbing Cost \$ Description of Work \_\_ # Baths\_\_\_\_\_ Plumbing Contractor's Company Name Telephone Address **Email Address** Signature of Owner/Contractor/Officer(s) of Corporation License #

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

Telephone

**Insulation Contractor Information** 

Insulation Contractor's Company Name & Address



Sprinkler Contractor Information		
	<del>-</del>	
Sprinkler Contractor's Company Name	Telephone	
Address	Email Address	
Address	Email / dai/ses	
Signature of Officer(s) of Corporation	License #	
Fire Alarm Contractor Information		
Fig. Alama Cantrastaria Campany Nama	Telephone	
Fire Alarm Contractor's Company Name	relephone	
Address	Email Address	
Signature of Officer(s) of Corporation	License #	
<u>Driveway Access</u> - NC Department of Transportation Driveway Access/Permit?Yes No		
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 <a href="mailto:any">any</a> 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.		
The State of the s	09/02/25	
Signature of Owner/Contractor/Officer(s) of Corporation  Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14		
The undersigned applicant being the:		
General Contractor Owner Officer/Ager	t 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: Authors	Date: 4/02/25	