

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 or licensed contractor. Address company name & phone must match.

Application for Residential Building and Trades Permit

Owner's Name Justin R. Kelly Date 7-16-18
Site Address 4680 Spring Hill Church Rd, Lillington NC 27546 Phone 919 478 1714
Directions to job site from Lillington Go north on US 421, take a left on Mamas Rd, take next left at stop sign on old US 421, take 1st Right on Spring Hill Church Rd, House is 1/2 mile on left.
Subdivision N/A Lot N/A
Description of Proposed Work Metal Building on Lot # of Bedrooms N/A
Heated SF _____ Unheated SF 960 Finished Bonus Room? NO Crawl Space NO Slab YES

General Contractor Information

Carolina Carports Inc 1800 670 4262 Ext:2027
Building Contractor's Company Name Telephone
187 Cardinal Ridge Trail, Dobson, NC 27017 teresa.p@carolinacarports.com
Address Email Address

License # _____

Electrical Contractor Information

Description of Work Wire new building Service Size 200 Amps T-Pole Yes No
Homeowner performing work
Electrical Contractor's Company Name Telephone _____
Address Email Address _____

License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Mechanical Contractor's Company Name Telephone _____
Address Email Address _____

License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name Telephone _____
Address Email Address _____

License # _____

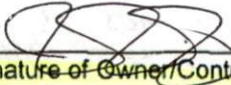
Insulation Contractor Information

Insulation Contractor's Company Name & Address Telephone _____

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

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

7-16-18
Date

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

Company or Name Carolina Custom Carpets Inc.

Sign w/Title  Justin Kelly Date 7-16-18