



Application # BRES 1901-0042

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 information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: Alicia Shytle Date: 6-17-19  
Site Address: 8312 Old US 421 Phone: 910 890 3461  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: \_\_\_\_\_

**General Contractor Information**

Owner  
Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Owner Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No  
Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work Owner  
Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work Owner # Baths \_\_\_\_\_  
Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Insulation Contractor Information**

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

6-17-19  
Date

**Affidavit for Worker's Compensation N.C.G.S. 87-14**

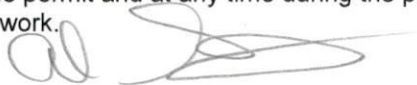
The undersigned applicant being the:

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.

Sign w/Title:  Date: 6-17-19

STATE OF NORTH CAROLINA  
County of Harnett  
Inspections Department

**OWNER EXEMPTION AFFIDAVIT  
PURSUANT TO G.S. 87-14(a)(1)**

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:

8312 Old US 421  
I, ALICIA SHYTY  
(Print Full Name)

hereby claim an exemption from licensure under G.S. 87-1(b)(2) by **initialing** the relevant provision in paragraph 1 and initialing paragraphs 2-5 below and attesting to the following:

1. AS I certify that I am the owner of the property set forth above on which this building is to be constructed or altered;

OR

I am legally authorized to act on behalf of the firm or corporation which is constructing or altering this building on the property owned by the firm or corporation as set forth above (name of firm or corporation: \_\_\_\_\_);

2. AS I will personally superintend and manage all aspects of the construction or alteration of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1 of Chapter 87 of the General Statutes of North Carolina;
3. AS I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina;
4. AS I understand that a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification that I am validly entitled to claim an exemption under G.S. 87-1(b)(2) for the building construction or alteration specified herein. I further understand that, if the North Carolina Licensing Board for General Contractors determines that I was not entitled to claim this exemption, the building permit issued for the building construction or alteration specified herein shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422.
5. AS The building will be solely occupied by the owner(s), firm or corporation as set forth above for at least twelve (12) months following completion.
6. This AFFIDAVIT applies to the following trades:  
 Building     Electrical     Mechanical     Plumbing
7. The total cost of this project is \$ 62,000.<sup>00</sup>

[Signature]  
(Signature of Affiant)

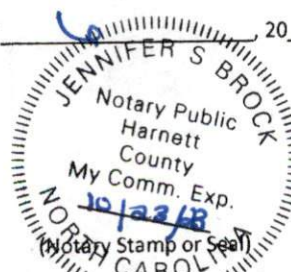
6-17-19  
Date

Sworn to (or affirmed) and Subscribed before me this the 17 day of June, 2019

Jennifer S Brock  
Signature of Notary Public

Jennifer S Brock  
Printed Name of Notary Public

My Commission Expires: 10/23/23



(NOTE: It is a class F felony to willfully commit perjury in any affidavit taken pursuant to law G.S. 14-209)