

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: Buswell, Roger Date: 26 FEB 19

Site Address: 58 Red Coat Dr. Phone: 303-862-1016

Subdivision: Lexington Plantation Lot:

Description of Proposed Work: Third Floor Finishing addition of Bedroom, Bathroom Storage Estimated cost \$7,000-\$10,000

General Contractor Information

Building Contractor's Company Name: Buswell, Roger
Address: 58 Red Coat Dr
License #: Owner

Telephone: 303-862-1016
Email Address: roger.buswell@gmail.com

Electrical Contractor Information

Description of Work: Switch, Outlet additions Service Size: Home owner
Electrical Contractor's Company Name: 58 Red Coat Dr
Address: Owner
License #:

Amps T-Pole: Yes No
Telephone: 303-862-1016
Email Address: roger.buswell@gmail.com

Mechanical/HVAC Contractor Information

Description of Work: Add third zone and HVAC registers
Mechanical Contractor's Company Name: Home owner
Address: 58 Red Coat Dr
License #: Owner

Telephone: 303-862-1016
Email Address: roger.buswell@gmail.com

Plumbing Contractor Information

Description of Work: Add Bathroom sink/vanity, toilet, shower # Baths: 1
Plumbing Contractor's Company Name: Homeowner
Address: 58 Red Coat Dr
License #: Owner

Telephone: 303-862-1016
Email Address: roger.buswell@gmail.com

Insulation Contractor Information

Insulation Contractor's Company Name & Address: Owner

Telephone: 303-862-1016

\*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.**

*Fraser Browell*  
Signature of Owner/Contractor/Officer(s) of Corporation

26 FEB 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: *Fraser Browell* Date: 26 FEB 19