

Harnett County Central Permitting
PO Box 85 Lillington NC 27546
910 893 7525 Fax 910 893 2783 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 Shawn Sewell Date 3/12/19
Site Address 3491 Bud Hawkins Rd. Dunn Phone 919-915-2878
Directions to job site from Lillington 421 to I-95S; Exit 70 toward SR 1811; stay straight onto Glen Eagle Rd.; Turn left onto Bud Hawkins Rd. = jobsite on left.

Subdivision _____ Lot _____
Description of Proposed Work Erect 26'x36'x12 w/6'x5' porch steel # of Bedrooms 0
Heated SF _____ Unheated SF 936 Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Carolina Structural, LLC 252-291-8023
Building Contractor's Company Name Telephone
4241 Williamson Rd. Wilson, NC 27893 carolinastruct@aol.com
Address Email Address
53023
License #

Electrical Contractor Information

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

Mechanical/HVAC Contractor Information

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

Plumbing Contractor Information

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

Insulation Contractor Information

Insulation Contractor's Company Name & Address NA 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

London S. Williams
Signature of Owner/Contractor/Officer(s) of Corporation

3/12/19
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

Company or Name Carolina Structural LLC

Sign w/Title London S. Williams, Owner Date 3/12/19