

Application # BILES 1908-0052

* 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. Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Gary & Wendy Willis	Date: 03-12-2019
Site Address 2820 Bailey Rd	Phone: 9196695518
Subdivision: Joe Johnson	Lot: #3
Description of Proposed Work: Garage Addition	
General Contractor Inf	ormation
Gary Willis (self)	9196695518
Building Contractor's Company Name	Telephone
2820 Bailey Rd	gary@gwplumbinginc.com
Address	Email Address
NA	
License #	was the second and th
Description of Work relocating service to accommodate addition Service	ice Size: 400 Amps T-Pole: Yes X No
Gary Willis	919-669-5518
Electrical Contractor's Company Name	Telephone
2820 Bailey rd	gary@gwplumbinginc.com
Address	Email Address
NA NA	Email Address
License #	
Mechanical/HVAC Contract	or Information
Description of Work extending ductwork to accommodate upper	er level addition
Gary Willis	9196695518
Mechanical Contractor's Company Name	Telephone
2820 Bailey Rd Coats NC	gary@gwplumbinginc.com
Address	Email Address
na	
License #	
Plumbing Contractor In	nformation
Description of Work No plumbing to be done adding o	ver #Baths
Casa Willia Plumbia To	Garage 919-669-5518
Plumbing Contractor's Company Name	Telephone
2858 Bailey Rd Coats N.C.	ganjagwplumbing Inc, con
Address	Email Address
18659	
License #	
Insulation Contractor I	
Gary Willis	9196695518
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 ree schedule.	
Law Willis	03-12-2019
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Comper	nsation N.C.G.S. 87-14
The undersigned applicant being the:	
General Contractor Owner Off	ficer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person set forth in the permit:	(s), firm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtained w	vorkers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has obtain them.	ned workers' compensation insurance to cover
Has one (1) or more subcontractors(s) who has their covering themselves.	own policy of workers' compensation insurance
Has no more than two (2) employees and no subcont	tractors.

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:3-12-19

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