

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: Davis Galloway Date: 6/25/19  
 Site Address: 1529 Aquilla Rd. Benson, NC Phone: 919-740-2525  
 Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Description of Proposed Work: 20x40x11 Bldg. w/ 10x40 porch

**General Contractor Information**

Va Carolina Buildings 919-480-0973  
 Building Contractor's Company Name Telephone  
6212 Vicker Dr. Raleigh, NC 27603 Brad@vaCarolinaBuildings.com  
 Address Email Address  
72381  
 License #

**Electrical Contractor Information**

Description of Work\* \_\_\_\_\_ Service Size: 60 Amps T-Pole:  Yes  No  
Brad Matthews Electric 919-691-5784  
 Electrical Contractor's Company Name Telephone  
3074 Hwy 15, Stem, NC 27581 Brad Matthews Electric@yahoo.com  
 Address Email Address  
26449 u  
 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 / owner must fill out and sign the second page of this application.**

\* Install 60 amp service from house to build ridge  
 1 electrical & 1 light each - inside & outside building

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.**

Donna Stephenson  
Signature of Owner/Contractor/Officer(s) of Corporation

6/25/19  
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: Donna Stephenson, Sec. Date: 6/25/19