

Application #_

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match 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

on on license.	1 / -
Owner's Name: Koy McNeil	Date: April 7, c
Site Address: 140 tyler Ordwin K	d Phone: 9/0 59 844
Subdivision:	Lot:
Description of Proposed Work: Stone Buildy	Total Job Cost: 12,000
General Contractor Info	
Calvin A. M. Ve)	9/0-59/-8432
Building Contractor's Company Name	
2195 Building Contractor's Company Name 2195 Building Rod Couts NC Address 273	Macush 48 @ yaka
	RAGE SQ FT 576
License # Electrical Contractor In	formation
Description of Work Servi	ice Size: 200 Amps T-Pole:YesNo
Patrick Electric	910-237-1594
Electrical Contractor's Company Name	Telephone
Lillington NC	=
Address 104	Email Address
License #	
Mechanical/HVAC Contract	or Information
Description of Work	
Mechanical Contractor's Company Name	Telephone
	5 200
Address	Email Address
License #	
Plumbing Contractor In	formation
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
- 17	E
Address	Email Address
License #	
Insulation Contractor In	nformation
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

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 eovering 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:

April 7, 2023