

Application # _____

* Each section below to be filled out by whomever performing work. Must be owner 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 ilicense.	
Owner's Name: Terry Skinger	
Site Address: 12933 Hwy 27 West Broadwa	Phone: (919) 353-513
Subdivision: NC-27505	Lot:
Description of Proposed Work: Enclose CXISHING CAMP	ort w/3 walls/Barn
General Contractor Information	, ,
Building Contractor's Company Name	Telephone
Address	Email Address
License #	
Electrical Contractor Information	
Description of Work Service Size: _	Amps T-Pole:YesNo
Electrical Contractor's Company Name	Telephone
M = M + M	PA:
Address	Email Address
License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work	
, 1,0	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License #	
Plumbing Contractor Information	n
Description of Work	# Baths
2 d d d	_# Battis
Plumbing Contractor's Company Marne	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.



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.

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	
Sign w/Title: Date: 10-8-19	