



Application # \_\_\_\_\_

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: Jonathan R. Bethune Date: 1/21/2019  
Site Address: 3032 Hwy 401 S. Lillington, NC 27546 Phone: 910-890-0078  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: Finish upstairs bonus room Total Job Cost: 25,000

**General Contractor Information**

Homeowner \_\_\_\_\_  
Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

*2001-0001  
ERES 1220-*

**Electrical Contractor Information**

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

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
Homeowner \_\_\_\_\_  
Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

*MRES 2001-0061*

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Homeowner \_\_\_\_\_  
Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

*PRS 2001-0001*

**Insulation Contractor Information**

Homeowner \_\_\_\_\_  
Insulation Contractor's Company Name & Address \_\_\_\_\_ Telephone \_\_\_\_\_

*IRES 2001-0001*

\*NOTE: General Contractor / owner must fill out and sign the second page of this application.



**Harnett County Central Permitting**

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Certification of Work Performed By Owner/Contractor  
(Individual Trade Application)

Owner (s) of Structure: Jonathan R. Bethune Phone: 910-890-0028

Owner (s) Mailing Address: 183 Tree Cutters  
Sanford, NC 27332

Land Owner Name (s): Jonathan R. Bethune Phone: 910-890-0028

Construction or Site Address: 3032 Hwy 401 S, Lillington, NC 27546

PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost: 25000 Description of Work to be done Finish upstairs bonus room

Mechanical: New Unit With Ductwork  New Unit Without Ductwork \_\_\_\_\_ Gas Piping \_\_\_\_\_ Other \_\_\_\_\_

Electrical\*: 200 Amp  <200 Amp \_\_\_\_\_ Service Change \_\_\_\_\_ Service Reconnect \_\_\_\_\_ Other \_\_\_\_\_  
\* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap \_\_\_\_\_ Number of Baths \_\_\_\_\_ Water Heater \_\_\_\_\_

Specific Directions to Job from Lillington:  
Hwy 401 S approximately 3 miles on right

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

I \_\_\_\_\_ will provide the \_\_\_\_\_ labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is \_\_\_\_\_, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

License # \_\_\_\_\_

Structure Owner / Contractor Signature: [Signature] Date: 1/2/2019

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

**\*Company name, address, & phone must match information on license**