



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: Tyler and Shawna Bayliss Date: 4/2/2020
Site Address: 251 Banana Way, Cameron, NC 28326 Phone: 910-916-0736
Subdivision: Lexington Plantation Lot: 251
Description of Proposed Work: In-ground pool Total Job Cost: \$27,000

General Contractor Information

Prestine Pools 910-215-7359
Building Contractor's Company Name Telephone
35 Windmere, Pinehurst, NC 28374 pristinepools12@gmail.com
Address Email Address
N/A
License #

Electrical Contractor Information

Description of Work Electrical for in-ground pool Service Size: 200 Amps T-Pole: ___ Yes X No
Michael Edward Warwick 910-281-4578
Electrical Contractor's Company Name Telephone
331 Paradise Lane, Aberdeen, NC 28315 michalwarwick1234@gmail.com
Address Email Address
L16907
License #

Mechanical/HVAC Contractor Information

Description of Work N/A
N/A N/A
Mechanical Contractor's Company Name Telephone
N/A N/A
Address Email Address
N/A
License #

Plumbing Contractor Information

Description of Work N/A # Baths N/A
N/A N/A
Plumbing Contractor's Company Name Telephone
N/A N/A
Address Email Address
N/A
License #

Insulation Contractor Information

N/A N/A
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.

BAYLISS.SHAWNA.MA
RIE.1150784138
Signature of Owner/Contractor/Officer(s) of Corporation

Digitally signed by
BAYLISS.SHAWNA.MARIE.1150784138
Date: 2020.04.03 09:33:45 -04'00'

4/3/2020
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: _____ Date: _____