



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: Lyle Bailey Date: 3/31/20
Site Address: 72 Trophy Ridge Fuquay Varina NC Phone: 919-333-1004
Subdivision: The Reserve Lot: 12
Description of Proposed Work: Add Roof over existing slab Total Job Cost: 8,000.00

General Contractor Information

Atlantic Builders & Design
Building Contractor's Company Name
11760 NC 210 SUITE 210 Benson NC
Address
61080
License #

919-961-5524
Telephone
Atlanticbuildersanddesign@gmail.com
Email Address

Electrical Contractor Information

Description of Work 4-Can Lights Service Size: 200 Amps T-Pole: Yes No
Davis Dunlap Electric
Electrical Contractor's Company Name
208 Amber LN Willow Springs NC
Address
27056-L
License #

919-669-0768
Telephone
davisdunlapelectric@yahoo.com
Email Address

Mechanical/HVAC Contractor Information

Description of Work N/A

Mechanical Contractor's Company Name

Address

License #

Telephone

Email Address

Plumbing Contractor Information

Description of Work N/A

Plumbing Contractor's Company Name

Address

License #

Baths _____

Telephone

Email Address

Insulation Contractor Information

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.

Todd Little
Signature of Owner/Contractor/Officer(s) of Corporation

3/31/20
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: *Todd Little* owner/contractor Date: 3/31/20