

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/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

| Owner's Name: Carol Taylor | Date: 9/22/2020 |
|---|--------------------------------|
| Site Address: 288 Tilden Howington Dr. Lillington | |
| Subdivision: Mamie Bell Ridge | Lot: 82A |
| Description of Proposed Work: 24x21 Metal Garage | Total Job Cost: \$10,500 |
| General Contract | |
| NewMart Builders | 1-800-547-8480 |
| Building Contractor's Company Name | Telephone |
| 1000 Cycle Lane South Hill VA 23970 | <u> </u> |
| Address | Email Address |
| HEATED SQ FT 0 | GARAGE SQ FT 504 |
| License # Electrical Contrac | tor Information |
| Description of Worknone | Service Size:Amps T-Pole:YesNo |
| | |
| Electrical Contractor's Company Name | Telephone |
| | = |
| Address | Email Address |
| License # | |
| Mechanical/HVAC Con | tractor Information |
| Description of Work none | |
| · - | <u> </u> |
| Mechanical Contractor's Company Name | Telephone |
| | |
| Address | Email Address |
| License # | |
| Plumbing Contrac | tor Information |
| Description of Work none | # Baths |
| | |
| Plumbing Contractor's Company Name | Telephone |
| | · |
| Address | Email Address |
| | |
| License # Insulation Contract | tor Information |
| none | normation |
| 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.

| Ca | rol Taylor of Owner/Gontracto | | | 9/22/2 | 2020 | |
|--|---|-----------------|-------------------|-------------------|--|-----------|
| Signature of | of Owner/Contracto | r/Officer(s) o | of Corporation | Date | | |
| | | | | | | |
| Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: | | | | | | |
| Ge | eneral Contractor | X Ow | vner | Officer/Agent of | of the Contractor or Owner | |
| Do hereby set forth in | | alties of perju | ury that the pers | son(s), firm(s) o | or corporation(s) performing | the work |
| Has | three (3) or more e | employees a | and has obtained | d workers' com | pensation insurance to cove | r them. |
| Has them. | one (1) or more su | bcontractors | s(s) and has ob | tained workers' | compensation insurance to | cover |
| Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves. | | | | | | |
| X Has | no more than two | (2) employee | es and no subc | ontractors. | | |
| Departmen | t issuing the permit of the permit and | may require | e certificates of | coverage of wo | ood that the Central Permittir orker's compensation insura any person, firm or corpora | nce prior |
| Sign w/Title | :: <u>Carol Tay</u> | lor | | | _{Date:} 9/22/2020 | |