



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

Date: 16 Sep 20

Owner's Name: Thomas + Wanda Shog Phone: _____

Site Address: 788 lower River Rd Lot: 14

Subdivision: River Bend Total Job Cost: 1200 + 2223

Description of Proposed Work: Add Shed 83423.00

General Contractor Information

Telephone: 919-774-4448

Building Contractor's Company Name: Cardinal Shed movers

Telephone

Address: Done

Email Address

License # _____ HEATED SQ FT _____ GARAGE SQ FT _____

Electrical Contractor Information

Description of Work: wire build Service Size: 50 Amps T-Pole: Yes & No

Telephone: 919 770 1084

Electrical Contractor's Company Name: JEC

Telephone

Address: 753 lower Moncure Rd Sanford, nc 27570

Email Address: Drina@johnsonsinnovation.com

License # 25627-U

Mechanical/HVAC Contractor Information

Description of Work: _____

Telephone

Mechanical Contractor's Company Name: _____

Email Address

Address: _____

License # _____

Plumbing Contractor Information

Description of Work: _____ # Baths: _____

Telephone

Plumbing Contractor's Company Name: _____

Email Address

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.



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.

Wanda Skopf 21 Sep. 20
 Signature of Owner/Contractor/Officer(s) of Corporation 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: _____