

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: Donald Glover Date: \_\_\_\_\_  
 Site Address: 74 Sugarbush Lane Phone: 910-984-4823  
 Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Description of Proposed Work: Barn/Shop Total Job Cost: \$75,000

**General Contractor Information**

Self  
 Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ Email Address \_\_\_\_\_

HEATED SQ FT \_\_\_\_\_ GARAGE SQ FT \_\_\_\_\_

License # \_\_\_\_\_  
 Description of Work underground service for barn Service Size: 200 Amps T-Pole:  Yes  No

Boyd Dixon Electrical, LLC barn  
 Electrical Contractor's Company Name \_\_\_\_\_ Telephone 910-892-3005 / 910-891-8636  
3993 Greenpath Rd, PO Box 1021 Dunn NC  
 Address \_\_\_\_\_ Email Address \_\_\_\_\_  
16759-I  
 License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
Dave's Heating & Cooling  
 Mechanical Contractor's Company Name \_\_\_\_\_ Telephone 910-891-9122  
504 Mann Rd Coats, NC 27521  
 Address \_\_\_\_\_ Email Address 2coolheat@gmail.com  
18122  
 License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths 2  
Clancy Plumbing  
 Plumbing Contractor's Company Name \_\_\_\_\_ Telephone 910 520 5154  
281 Sikes Rd Benson NC 27504  
 Address \_\_\_\_\_ Email Address Acclancyjr@gmail  
15884  
 License # \_\_\_\_\_

**Insulation Contractor Information**

Art Clancy 281 Sikes Rd, Benson NC  
 Insulation Contractor's Company Name & Address \_\_\_\_\_ Telephone 910 520 5154  
27504

\*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.

Donald M. [Signature]  
Signature of Owner/Contractor/Officer(s) of Corporation

3/24/2021  
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: Donald M. [Signature] owner

Date: 3/24/2021