

Application # ____

* 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. Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

or or location.		7 7
Owner's Name: Lester Harris , Renee Ho	erriS	Date: 5 24 21
Site Address: 467 Bumpy Lane	Phone:	910-309-6979
Subdivision:		
Description of Proposed Work: Modular home 32x7L		
General Contractor Information		
A .	919-774.	1125
Clayton Homes of Sanford Building Contractor's Company Name	Telephone	
1921 Keller Andrews Rd.	suth partas	@ claytonhomes con
Address	Email Address	TO TAIN STORY TO WILLY OF
45489		
License #		
Description of WorkService Size:	Amps T-Po	ole: Tyes TNo
Service Solutions		. 9363
Electrical Contractor's Company Name	Telephone	1002
5978 McDonald Rd. Parkton	Service Polyt	ions 1977 @ gmail. Col
Address	Email Address	The girlan. Con
20934		
License #		
Mechanical/HVAC Contractor Informa	ation	
Description of Work		
Spells Mechanical Mechanical Contractor's Company Name	910-525-5	5976
170 A Land Contractor's Company Name	Telephone	
Address	Email Address	
10574	Ellian Address	
License #		
Plumbing Contractor Information		
	# Baths	
Priority Plumbing	919-639-	0.361
Plumbing Contractor's Company Name	Telephone	
Po Box 264 Willow Springs		
Address	Email Address	
(8550 License #		
Insulation Contractor Information		
meanater community morniation		
Insulation Contractor's Company Name & Address	Telephone	
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*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.

Cot Nor
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: Project Mar. Date: