

* 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 #

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

Application for Residential Building and Trades Permit

Owner's Name: Mindy + Jody Frailey	2. 210101
04- 411 (13/1/	Date: 3/9/21 CC, NC Phone: 910-658-5189
Subdivision: Neill'S Creek Farms	
Description of Proposed Work: 18x37x29 ingroun	Lot: 50
General Contracto	or Information
Mindy + Jody Frankey (homeowar) Building Contractor's Company Name	910-858-5789
234 Green bevel Rd	Telephone
Address	Email Address
License # HEATED SQ FT	GARAGE SQ FT
Description of Work Standard Pool electrical Contractor	Service Size:
Harte Pool Winna and Lightne Electrical Contractor's Company Name	919-868-8195
108 F. wasdund Industrial (+	Telephone
Address (TOMSTITAL (F	- hattpoolisicingand hanting egmantes
30707	Email Address
License #	
Mechanical/HVAC Contr	ractor Information
Description of Work	and compared to the second of
Aechanical Contract 1.0	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
icense #	
Plumbing Contracto	Albert will say playings
escription of Work	
NIA	# Baths
lumbing Contractor's Company Name	And the second s
	Telephone
ddress	Email Address
	Email Address
icense #	
Insulation Contractor	Information
AIL	
sulation 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, 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.

		or/Officer(s) of Corpo	ration Date	Lagrange and the
The	Affida	vit for Worker's	Compensation N	- Ph.
me	indersigned applicant be	eing the:	Compensation N.	C.G.S. 87-14
-	General Contractor	Owner		
Doh			Officer/Agent o	f the Contractor or Owner
set fo	rth in the permit:	alties of perjury that the	ne person(s), firm(s) or	r the Contractor or Owner recorporation(s) performing the wo
	Has three (3) or more			
	. Thore e	imployees and has of	otained workers' comp	ensation insurance to cover them
them.	Has one (1) or more sul	bcontractors(s) and h	no obtata	to cover them
uidiii.		and I	as obtained workers'	compensation insurance to cover them
V	Has one (1) or more sub	Contracts—(-)	Mark Commence	
coveri	ng themselves.	ontractors(s) who h	as their own policy of	workers' compensation insurance
	Has no more than two (2	2) employees		
A/b-II-		-, omployees and no	subcontractors.	
Ville V	vorking on the project for	which this permit is	Sought it is understand	that the Central Permitting
issus	ince of the permit and at	nay require certificate	es of coverage of work	I that the Central Permitting er's compensation insurance prion by person, firm or corporation
arrying	out the work.	arry ume ouring the	permitted work from ar	ly person, firm or compration
		1 2		
Sign w/	Title:	1		Date: 3-5-2/

X