

Application #

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

ERES2106-0016
PRES2106-0001

* 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: GALEN CAIL Date: 3/9/21
Site Address: 4115 Cohesbury Rd Phone: 919-610-1567
Subdivision: _____ Lot: _____
Description of Proposed Work: Construct 28x36 storage building w/ 12x28 carport Total Job Cost: \$46,500

CAROLINA STRUCTURAL 252-291-8023
Building Contractor's Company Name Telephone
6527 St. Mary's Church Rd Lucama carolinastruct@gmail.com
Address Email Address
53023 HEATED SQ FT _____ GARAGE SQ FT 1464
License # _____

Electrical Contractor Information
Description of Work _____ Service Size: _____ Amps T-Pole _____ Yes _____ No
OWNER 919 610 1567
Electrical Contractor's Company Name Telephone
4115 Cohesbury Rd Fu 27526 gcail0067@gmail.com
Address Email Address
License # _____

Mechanical/HVAC Contractor Information
Description of Work _____
Mechanical Contractor's Company Name Telephone _____
Address Email Address _____
License # _____

Plumbing Contractor Information
Description of Work Add toilet sink in shop # Baths Toilet/Sink
OWNER 919 610 1567
Plumbing Contractor's Company Name Telephone
4115 Cohesbury Rd Fu 27526 gcail0067@gmail.com
Address Email 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.

Harnett
COUNTY

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.

William P. Meade
Signature of Owner/Contractor/Officer(s) of Corporation

3/9/2021
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: William P. Meade Owner Date: 3/9/2021