



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: Fred + Katharine Adams Date: 17 July 2022  
Site Address: 1158 Cypress Church Rd. Phone: 910-705-5643  
Subdivision: N/A Lot: \_\_\_\_\_  
Description of Proposed Work: metal workshop Total Job Cost: \$15,500

**General Contractor Information**

Fred + Katharine Adams - owners 910-705-5643  
Building Contractor's Company Name Telephone  
1158 Cypress Church Rd. Cameron, NC 28324 Kathy71273@gmail.com  
Address Email Address

HEATED SQ FT DARAGE SQ FT

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size: 200 Amps T-Pole: Yes No  
BPRE Electric LLC 919-977-1016  
Electrical Contractor's Company Name Telephone  
7434 Capital Blvd. Raleigh, NC 27616 bprelectricllc@gmail.com  
Address Email Address  
L-25278  
License # \_\_\_\_\_

*No electric at this time Kfo 17 July 22*

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
Mechanical Contractor's Company Name Telephone \_\_\_\_\_  
Address Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Plumbing Contractor's Company Name Telephone \_\_\_\_\_  
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.**



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.**

Kathleen Adams Kathleen Adams ~~05-26-2021~~ 17 July 2022  
 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: Kathleen Adams / owner Kathleen Adams 17 July 2022  
 Date: ~~05-26-2021~~