



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: Artrs McDougall Date: 5/5/21  
Site Address: 2877 Willet Rd Phone: 919-351-9384  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: Sheetrock Insulation Total Job Cost: 2500<sup>00</sup>

**General Contractor Information**

Artrs McDougall  
Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_ HEATED SQ FT 1700 GARAGE SQ FT 0

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps T-Pole: \_\_\_ Yes \_\_\_ No  
Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
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 \_\_\_\_\_ # Baths \_\_\_\_\_  
Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Insulation Contractor Information**

Artrs McDougall  
Insulation Contractor's Company Name & Address \_\_\_\_\_ Telephone 919

**\*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.

*[Signature]*  
Signature of Owner/Contractor/Officer(s) of Corporation

5-5-21  
Date

**Affidavit for Worker's Compensation N.C.G.S. 87-14**

The undersigned applicant being the:

\_\_\_\_\_ General Contractor *[Signature]* 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: *[Signature]* \_\_\_\_\_ Date: 5/5/21