



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: Myreon & Allison Booker Date: _____
Site Address: 174 Maple Leaf Ct, Lillington NC Phone: 785-317-5244
Subdivision: _____ Lot: _____
Description of Proposed Work: See attached Scope of Work Total Job Cost: \$17,993.85

General Contractor Information

Showcase Restoration 910 864 0911
Building Contractor's Company Name Telephone
5845 Yarkin Rd Fayetteville NC PS13@911showcase.com
Address Email Address
60267 HEATED SQ FT 2600 GARAGE SQ FT 400
License #

Electrical Contractor Information

Description of Work R&R 200 Amp panel Service Size: 200 Amps T-Pole: Yes No
Culbertson Electric 910-723-3293
Electrical Contractor's Company Name Telephone
816 Camwheel Dr Hope Mill NC ncculbertsonelectric@gmail.com
Address Email Address
216027-L
License #

Mechanical/HVAC Contractor Information

Description of Work N/A
Mechanical Contractor's Company Name Telephone
Address Email Address
License #

Plumbing Contractor Information

Description of Work R&R Hot water heater # Baths 2 1/2
On Time Plumbing 910 884 8702
Plumbing Contractor's Company Name Telephone
86 Meadows St Spring Lake NC ontime3014@yahoo.com
Address Email Address
33798
License #

Insulation Contractor Information

Showcase Restoration 910 864 0911
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.


Signature of Owner/Contractor/Officer(s) of Corporation

6-9-2021
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:  Project Manager Date: 6-9-2021