

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. Application # _____

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Harnett County Central Permitting 420 McKinney Pkwy Lillington, NC 27546 PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Howard M Acon	Date 6 - 28-21
Site Address: 1373 Earnest Brown Rd. Lilling	to NC Phone 919-649-0453
Subdivision: N/A	Lot
Description of Proposed Work: addition there to	Total Job Cost 50,000 42,0
General Contractor Info	
Marshall Johnson Construction, Jac Building Contractor's Company Name	
283 BAnner ELL R. Benson, NC 27504 Address	Email Address
55 2 7 9 HEATED SQ FT 336 GAR	RAGE SQ FT
Description of Work VIRS Add Two Service	ce Size: 20 o Amps T-Pole: Yes ~No
Tw Bleetric Service Inc. of NC Electrical Contractor's Company Name	
541 Graham Pond Rd. Angier, NC 27501 Address	twelectric svc & g mail. com Email Address
L 19725 License #	
Mechanical/HVAC Contracto	or Information
Description of Work Add MINI Split	
Beasley's Heating + Air Inc. Mechanical Contractor's Company Name	919-894-4248 Telephone
57 WC Bearley LN. Coats, NC 27521 Address	beasleyshvac Baol.com Email Address
9497 License #	
Plumbing Contractor Inf	<u>formation</u>
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License #	
Insulation Contractor Inf	
Insulation Contractor's Company Name & Address	7/5-29 <u>9/8-66/-0999</u> 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

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: Madell flum presedent Date: 6-28-21		