

Application #

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

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: Matthew	w Wicker	Date07/28/2021		
		7505 Phone 9197219119		
Subdivision:		Lot		
Description of Proposed Work:pool install				
	General Contractor Inf	ormation		
Parrot Bay Pools 9195274847 - Bradley Reeves				
Building Contractor's Company Name		Telephone		
1629 N. Main St. Fuquay Address	Varina, NC	sales@parrotbaypoolsnc.com Email Address		
69990	HEATED SQ FT GA	RAGE SQ FT		
License #	Flootrical Contractor In	formation		
Description of Work POOL	Electrical Contractor In INSTALL Service Size:	Amps T-Pole:YesNo		
CUMBERLAND ELECTRICAL				
Electrical Contractor's Company		Telephone		
Address		Email Address		
12233				
License #	Mechanical/HVAC Contract	or Information		
Description of Work				
Description of Work				
Mechanical Contractor's Compa	Telephone			
	7			
Address		Email Address		
1				
License #	Plumbing Contractor In	formation		
Description of Work				
Plumbing Contractor's Compan		Telephone		
Address		Email Address		
License #				
LICETISE #	Insulation Contractor In	nformation		
Insulation Contractor's Commen	Nomo & Address			
Insulation Contractor's Compar	ly Name & Address	relephone		

*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 bysigning 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.

ANTO			7.28.21	
Signature of Owner/Contractor/	Officer(s) of Corporation	Date		
Affiday	it for Worker's Co	mpensation N	.C.G.S. 87-14	
The undersigned applicant being	ng the:			
General Contractor		Officer/Agent	of the Contractor of	r Owner
Do hereby confirm under pena set forth in the permit:				
Has three (3) or more e	mployees and has obt	ained workers' con	pensation insuran	ce to cover them.
Has one (1) or more su				
Has one (1) or more su covering themselves.	bcontractors(s) who ha	as their own policy	of workers' compe	nsation insurance
Has no more than two	(2) employees and no	subcontractors.		
While working on the project f Department issuing the permit to issuance of the permit and carrying out the work.			n any person, firm	or corporation
my	owner		Date:	7-28-21