



Application # \_\_\_\_\_

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

10-05-21

\* 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: Miguel Flores Serrano Date: 10-05-21  
Site Address: 1584 Wire Rd 28323 Phone: 910 3000066  
Subdivision: 2 story Garage Lot: \_\_\_\_\_  
Description of Proposed Work: W/ Unfinished Room upstairs Total Job Cost: 12,000.00

Miguel Flores Serrano **General Contractor Information**  
Building Contractor's Company Name Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_ HEATED SQ FT \_\_\_\_\_ GARAGE SQ FT \_\_\_\_\_

**Electrical Contractor Information**  
Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps T-Pole: Yes \_\_\_\_\_ No \_\_\_\_\_  
Miguel Flores Serrano 910 3000066  
Electrical Contractor's Company Name Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address derckmiguelf143@gmail.com

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

**Mechanical/HVAC Contractor Information**  
Description of Work \_\_\_\_\_ Telephone 910 3000066  
Miguel Flores Serrano  
Mechanical Contractor's Company Name Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_

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

**Plumbing Contractor Information**  
Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Miguel Flores Serrano 910 3000066  
Plumbing Contractor's Company Name Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_

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

**Insulation Contractor Information**  
Miguel Flores Serrano 910 3000066  
Insulation Contractor's Company Name & Address Telephone \_\_\_\_\_

\*NOTE: General Contractor / owner must fill out and sign the second page of this application.

Miguel Flores Serrano



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.

Miguel Flores Sr.  
 Signature of Owner/Contractor/Officer(s) of Corporation

10-05-21  
 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: Miguel Flores Sr.

Date: 10-05-21