



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: Brian Corn Date: 10/8/21  
Site Address: 903 Rollins Mill Rd. Holly Springs NC 27540 Phone: 919-818-3316  
Subdivision: N/A Lot: 3 \$ 21,000.00  
Description of Proposed Work: Metal Shop Building Total Job Cost: \$ 30,000.00

**General Contractor Information**

Steel Building and Structures, Inc. Telephone: 877-272-8276  
Building Contractor's Company Name Telephone: 336-367-6600  
PO Box 1287 Mt. Airy, NC 27050  
Address Email Address

HEATED SQ FT \_\_\_\_\_ GARAGE SQ FT 1200

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

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size: 60 Amps T-Pole: NO  
Austin Dean Electrical Contractor Telephone: 919-669-0063  
Electrical Contractor's Company Name Telephone: 919-669-0063  
2837 Baptist Grove Rd. Email Address: austindeanelectric@gmail.com  
Address Fuquay Varina, NC 27526  
License # L-29839

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
Mechanical Contractor's Company Name Telephone \_\_\_\_\_  
Address Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work Run water line for hose spigot Baths: 0  
Camden's Plumbing and Repair Telephone: 919-669-4650  
Plumbing Contractor's Company Name Telephone: 919-669-4650  
PO Box 1359 Fuquay Varina, NC 27526 Email Address \_\_\_\_\_  
Address \_\_\_\_\_  
License # 18903

**Insulation Contractor Information**

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

10/8/21  
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: *[Signature]*

Date: 10/8/21