



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: | Scott Excell Griffin | | Date _ | 12//21 | _ |
|--|--|--------------------|---------------------------|--------------|----------|
| Site Address: | 3110 Brickmill Rd , Lillington NC 2 | 7546 | Phone | 919-855-1114 | <u>1</u> |
| Subdivision: | NA | | Lot | NA | |
| Description of Propos | sed Work: <u>Installation of Storage</u> | e Building | _ Total Job Cost _ | \$37,508.00 | |
| | General Contra | actor Information | | | |
| Scott Excell Griffin (Self) Building Contractor's Company Name | | | 919-855-1114 Telephone | | |
| , , | | | 3@yahoo.com | | |
| Address | | | Email Address | | |
| | HEATED SQ FT | GARAGE SC | FT _1440 | _ | |
| License # | Electrical Contr | actor Information | <u>1</u> | | |
| Description of Work _ | | Service Size: _ | Amps T-P | ole:Yes | _No |
| Electrical Contractor's Company Name | | | Telephone | | _ |
| Address | | | Email Address | | _ |
| License # Description of Work _ | Mechanical/HVAC C | | | | |
| Mechanical Contracto | or's Company Name | | Telephone | | _ |
| Address | | | Email Address | | _ |
| License # | —— Plumbing Contr | actor Information | <u>1</u> | | |
| Description of Work _ | | | | | |
| Plumbing Contractor' | s Company Name | | Telephone | | _ |
| Address | | | Email Address | | _ |
| License # | Insulation Cont | ractor Information | <u>1</u> | | |
| 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 Oorporation 1/11/2022 Date |
|---|
| Signature of Cwiter/Contractor/Cimper(3)/0/20190ration Date |
| Affidentification Members Communication N. C. C. 07.44 |
| Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: |
| General Contractor X 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. |
| X 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: Scott Gcell Griffin Date: 1/11/2022 |