



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: Christina Carcia Date: 1/5/2022
Site Address: 300 Cresthaven Dr. Sanford, NC 27332 Phone: (253) 448-9011
Subdivision: _____ Lot: _____
Description of Proposed Work: 13X10.63 Sunroom Addition Total Job Cost: \$30,257

General Contractor Information

Great Day Improvements (984) 212-8850
Building Contractor's Company Name Telephone
951 Aviation Parkway Suite 1000, Morrisville, NC 27560 raleigh@greatdayimprovements.com
Address Email Address
71281 HEATED SQ FT GARAGE SQ FT
License #

Electrical Contractor Information

Description of Work Exit Light, 3 outlets Service Size: _____ Amps T-Pole: ___Yes ___No
TH Electrical 9196046268
Electrical Contractor's Company Name Telephone
117 Heather Dr. Garner, NC 27529 schedule@th-electrical.com
Address Email Address
26617-1
License #

Mechanical/HVAC Contractor Information

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

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name Telephone
Address Email Address
License #

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.

Kathryn Clark
Signature of Owner/Contractor/Officer(s) of Corporation

1/5/2022
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

 General Contractor Owner X 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:

 X 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: Kathryn Clark Project Manager Date: 1/5/2022