



Application # _____

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

* 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: LARRY L. ROSS, WAUDA F. ROSS Date _____

Site Address: 117 Shepard DR Phone 910-584-1965

Subdivision: KENIAN FARMS Lot 43

Description of Proposed Work: ENCLOSURE OF PATIO Total Job Cost 8,000.00

General Contractor Information

OWNER _____ Telephone 910-584-1965

Building Contractor's Company Name _____
117 Shepard DR Address _____ Email Address LROSS-10@yahoo.com

N/A License # _____ HEATED SQ FT N/A GARAGE SQ FT N/A

Electrical Contractor Information

Description of Work INSTALL FAN Service Size: _____ Amps T-Pole: Yes No

OWNER _____ Telephone 910-584-1965

Electrical Contractor's Company Name _____
OWNER Address _____ Email Address LROSS-10@yahoo.com

N/A License # _____

Mechanical/HVAC Contractor Information

Description of Work N/A _____ Telephone N/A

Mechanical Contractor's Company Name _____
N/A Address _____ Email Address N/A

N/A License # _____

Plumbing Contractor Information

Description of Work NONE # Baths N/A

N/A _____ Telephone N/A

Plumbing Contractor's Company Name _____
N/A Address _____ Email Address N/A

N/A License # _____

Insulation Contractor Information

OWNER _____ Telephone 910-584-1965

Insulation Contractor's Company Name & Address _____

***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 Corporation

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:

N/A Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

N/A Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

N/A Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

N/A 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: 

Date: _____