



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: JAMES HARRIS Date 2/25/22
Site Address: 697 Keith Hills Rd Lillington Phone 919 422 7065
Subdivision: Keith Hills Lot _____
Description of Proposed Work: Add. work Total Job Cost 200,000

General Contractor Information

High Scyles Builders Telephone 919 422 7065
Building Contractor's Company Name
126 Brandon Dr Lillington Email Address highscylesbuilders@gmail.com
Address
62559 HEATED SQ FT 1100 GARAGE SQ FT 265
License # _____

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No
Austin Dean Electrical Telephone 919 669 0063
Electrical Contractor's Company Name
2793 Baptist Grove Rd. Fuquay Varina Email Address Austindeanelectrical@gmail.com
Address
2793-L
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Carolina Comfort Air Telephone 919 550 2492
Mechanical Contractor's Company Name
5212 Hwy 70 Clayton Email Address _____
Address
20515
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths 2
LR Glover Plumbing Telephone 919 800 0026
Plumbing Contractor's Company Name
PO Box 764 Benson NC 27504 Email Address _____
Address
PE 7958
License # _____

Insulation Contractor Information

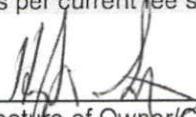
Live Green Telephone 919 453 6411
Insulation Contractor's Company Name & Address
5001 Old Pede Rd. Raleigh

*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

2/25/22

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:

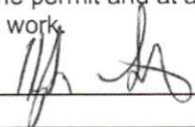
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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:  _____

Date: 2/25/22