



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: Bedford G. Tomberlin Date: 3-10-22
Site Address: 40 Homestead Lane, Angier, NC Phone: 828-301-5122
Subdivision: _____ Lot: _____

Description of Proposed Work: Complete Remodel started by previous owner. Add insulation, update electrical, update baths. No work planned for 2nd floor. It will remain unfinished. Total Job Cost: _____
Update Kitchen.

General Contractor Information
Building Contractor's Company Name: Bedford G. Tomberlin Telephone: 828-301-5122
Address: 12 Oakwilde Dr, Asheville, NC, 28803 Email Address: TOB1@bellsouth.net

HEATED SQ FT 3000 GARAGE SQ FT _____

License # _____
Electrical Contractor Information
Description of Work _____ Service Size: _____ Amps T-Pole: Yes No
Electrical Contractor's Company Name: Bedford G. Tomberlin Telephone: _____
Address: _____ Email Address: _____

License # _____
Mechanical/HVAC Contractor Information
Description of Work _____
Mechanical Contractor's Company Name: Bedford G. Tomberlin Telephone: _____
Address: _____ Email Address: _____

License # _____
Plumbing Contractor Information
Description of Work _____ # Baths: _____
Plumbing Contractor's Company Name: Bedford G. Tomberlin Telephone: _____
Address: _____ Email Address: _____

License # _____
Insulation Contractor Information
Insulation Contractor's Company Name & Address: Bedford G. Tomberlin 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.

Budford L. Tomberlin
Signature of Owner/Contractor/Officer(s) of Corporation

3-10-22
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: Budford L. Tomberlin Date: _____