

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: Jason D Sturgill Date 3/18/22
 Site Address: 302 ~~th~~ Thomas Ave Phone 910 728 2520
 Subdivision: Manor Hills Lot _____
 Description of Proposed Work: Add 312 ft addition Total Job Cost 60,000

General Contractor Information

Christopher Boyd Telephone 919 625-5221
 Building Contractor's Company Name _____
404 Beane Trail Garner Email Address christophorboyd2010@yahoo.com
 Address _____
49190 HEATED SQ FT 312 GARAGE SQ FT 0
 License # _____

Electrical Contractor Information

Description of Work Wire new room Service Size: 200 Amps T-Pole: ___ Yes No
C Boyd Electric Telephone 919 625-5221
 Electrical Contractor's Company Name _____
404 Beane Trail Garner NC 27529 Email Address christophorboyd2010@yahoo.com
 Address _____
632575
 License # _____

Mechanical/HVAC Contractor Information

Description of Work 312 ft- Addition
Gamble Plumbing Inc Telephone 919 772 1338
 Mechanical Contractor's Company Name _____
1027 Hwy 70 W Ste 107 Garner NC Email Address _____
 Address _____
17153
 License # _____

Plumbing Contractor Information

Description of Work Bathroom # Baths 1
In Need of a Plumber - Billy Dunn Telephone 919 868-9075
 Plumbing Contractor's Company Name _____
229 Grant St Clayton NC 27520 Email Address b_dunn1969@yahoo.com
 Address _____
#29455
 License # _____

Insulation Contractor Information

Home owner Telephone _____
 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

3/18/22
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:  owner Date: 3/18/22