

Application # \_\_\_\_\_

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

## **Application for Residential Building and Trades Permit**

| Owner's Name: Elijah and Falicia Lloyd   | Date 4/12                                | Date 4/12/2022 |  |
|--|--|----------------|--|
| Site Address: 821 Highgrove Drive  | Phone                                    | (910) 916-3492 |  |
| Subdivision: see engineer report for scope of work.  | <br>Lot                                  |                |  |
| Description of Proposed Work: not changing the sq footage. existing  | Total Job Cost 21,                       | 128.68         |  |
| foundation<br>Groundworks LLC (Tarheel Basement System)  | <u>on</u><br>919-341-8426                |                |  |
| Building Contractor's Company Name   | Telephone                                |                |  |
| 1741 Corporate Landing Pwky  | Alexis.Pulley@tarheelbasementsystems.com |                |  |
| Address  | Email Address                            |                |  |
| 79336 HEATED SQ FT GARAGE S  | SQ FT                                    |                |  |
| License #  |  |                |  |
| Description of Work Service Size:  | <u>on</u><br>:Amps T-Pole:               | YesNo          |  |
| Electrical Contractor's Company Name   | Telephone                                |                |  |
| Address  | Email Address                            |                |  |
| License #  Mechanical/HVAC Contractor Inform  Description of Work  |  |                |  |
| Mechanical Contractor's Company Name   | Telephone                                |                |  |
| Address  | Email Address                            |                |  |
| License #  Plumbing Contractor Informati   | <u>on</u>                                |                |  |
| Description of Work  | # Baths                                  |                |  |
| Plumbing Contractor's Company Name   | Telephone                                |                |  |
| Address  | Email Address                            |                |  |
| License #  Insulation Contractor Information  Insul |  |                |  |
| 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.

| New Puller  |                     | 4/12/2022                  |                          |  |
|---|---------------------|----------------------------|--------------------------|--|
| Signature of Owner/Contractor/Officer   | r(s) of Corporation | <br>Date                   |                          |  |
|   |                     |                            |                          |  |
| Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:   |                     |                            |                          |  |
| General Contractor  | Owner               | _ Officer/Agent of the Con | tractor 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 employe   | es and has obtain   | ed workers' compensation   | insurance to cover them. |  |
| Has one (1) or more subcontra   | actors(s) and has o | btained workers' compens   | ation insurance to cover |  |
| 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: Lexing Pulley   | Permit Coor         | dinator                    | Date: 4/22/2022          |  |
|   |                     |                            |                          |  |