



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: Richard Bayer Date: 4/28/22
Site Address: 4420 NC 210 N. Lillington, NC 27546 Phone: 910.670.8212
Subdivision: _____ Lot: _____
Description of Proposed Work: Add Attached Breezeway + Bonus Garage Total Job Cost: 75 K

General Contractor Information

Iron Nail Building Company Telephone: 336.688.4774
Building Contractor's Company Name
465 NC Hwy 62 E. Greensboro, NC 27406 Email Address: Coble.inbc@gmail.com
Address
70564 HEATED SQ FT 924 GARAGE SQ FT 896
License #

Electrical Contractor Information

Description of Work Service Upgrade / New Garage Wiring Service Size: 400 Amps T-Pole: Yes No
Cortes Electric Telephone: 336.307.9177
Electrical Contractor's Company Name
1612 Maplewood Ln, Greensboro, NC 27407 Email Address: Cortes electric 8159@gmail.com
Address
L.28470
License #

Mechanical/HVAC Contractor Information

Description of Work Minisplit unit in new garage bonus rm / Add duct work from House unit to breezeway Telephone: 336.772.4676
Mechanical Contractor's Company Name
Faustina Heating + Cooling Email Address: _____
Address
L.30235
License #

Plumbing Contractor Information

Description of Work Plumb for Washing Machine + utility sink # Baths: 0
Gary Edward Willis Plumbing Telephone: (919) 894-2987
Plumbing Contractor's Company Name
2858 Bailey Rd Email Address: _____
Address
L.18659
License #

Insulation Contractor Information

31-W Insulation Telephone: (919) 662-9980
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.

Don K. Coble
Signature of Owner/Contractor/Officer(s) of Corporation

4/26/22
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: Don Coble (Owner of Company) GC Date: 4/26/22