



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: Steven Reeves Date 6/22/22
Site Address: 21 Ithica Ln Bunnlevel N.C 28323 Phone 805-501-4666
Subdivision: Carlie Hills / Gatewest Lot _____
Description of Proposed Work: Steel Building Erected Total Job Cost 12,579⁰⁰

General Contractor Information

Top of the Line Buildings 743-999-3760
Building Contractor's Company Name Telephone
PO Box 542 Toast, N.C 27049 Imakingruiz@yahoo.com
Address Email Address

HEATED SQ FT _____ GARAGE SQ FT 720

License # _____

Electrical Contractor Information

Description of Work 100 Amp Weu After Install Service Size: 100 Amps T-Pole: ___ Yes No
Steven Reeves 05 Building 805-501-4666
Electrical Contractor's Company Name Telephone
21 Ithica Ln Bunnlevel N.C 28323
Address Email Address

License # _____

Mechanical/HVAC Contractor Information

Description of Work mini split Ductless
Steven Reeves 805-501-4666
Mechanical Contractor's Company Name Telephone
21 Ithica Ln Bunnlevel, N.C 28323 wrayproducts@yahoo.com
Address Email Address

License # _____

Plumbing Contractor Information

Description of Work n/a # Baths _____
Plumbing Contractor's Company Name Telephone _____
Address Email Address _____

License # _____

Insulation Contractor Information


Steven Reeves 805-501-4666
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.



 Signature of Owner/Contractor/Officer(s) of Corporation

6/22/22

 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: 6/22/22