

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: Michael & Scarlett Klein Date 5/10/22
Site Address: 3605 S River Rd Phone 919 741 1902
Subdivision: _____ Lot _____
Description of Proposed Work: convert carport into habitable space Total Job Cost 50,000

General Contractor Information

Christopher Boyd Homes Telephone 919 625-5221
Building Contractor's Company Name
404 Boone Trail Garner NC 27529 Email Address christopherboyd204@yahoo.com
Address
49190 HEATED SQ FT 488 GARAGE SQ FT _____
License #

Electrical Contractor Information

Description of Work convert carport into habitable space Service Size: 200 Amps T-Pole: ___ Yes No
C Boyd Electric Telephone 919 625-5221
Electrical Contractor's Company Name
404 Boone Trail Garner NC 27529 Email Address christopherboyd204@yahoo.com
Address
C 32575
License #

Mechanical/HVAC Contractor Information

Description of Work Convert the carport into habitable space
Airtight HVAC Inc Telephone 919 621-0324
Mechanical Contractor's Company Name
390 Rocky Water Dr FV NC 27526 Email Address _____
Address
28816 H3 class 1
License #

Plumbing Contractor Information

Description of Work owner doing it himself # Baths _____
Plumbing Contractor's Company Name Telephone _____
Address Email Address _____
License #

Insulation Contractor Information

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

5/10/22

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:  owner _____ Date: 5/10/22