



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: Monroe Lee Date: _____

Site Address: 3085 Abottian Rd Phone: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: Pool House Total Job Cost: _____

General Contractor Information

R.A. Gregory Builders 910-984-6932
Building Contractor's Company Name Telephone

1948 NC 27 West Hill RAGREGORYPROFLLC@gmail.com
Address Email Address

75757 HEATED SQ FT 720 GARAGE SQ FT _____
License #

Electrical Contractor Information

Description of Work Pool House Service Size: 200 Amps T-Pole: Yes No

R.A. GREGORY ELECTRIC 910-984-6932
Electrical Contractor's Company Name Telephone

1948 NC 27 West RAGREGORYPROFLLC@gmail.com
Address Email Address

21227-0
License #

Mechanical/HVAC Contractor Information

Description of Work Install Heat Pump 910-897-5501
J-M Heating & Air Inc. Telephone

724 Tunington Rd _____
Mechanical Contractor's Company Name Address

17164 _____
Address Email Address

License #

Plumbing Contractor Information

Description of Work Install Plumbing # Baths 2

Allegiance Plumbing _____
Plumbing Contractor's Company Name Telephone

6069 NC 276 Angica NC _____
Address Email Address

33823
License #

Insulation Contractor Information

Insulation Inc Raleigh 919 792-9000
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.

Rodney C. Lyman
Signature of Owner/Contractor/Officer(s) of Corporation

5-28-2022
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: Rodney C. Lyman Date: 5-28-22