



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 or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Timothy Matthews Date: 6-1-22
Site Address: 1505 neighbors Rd Phone: 910-814-7695
Subdivision: N/A Lot: _____
Description of Proposed Work: Adding a Master Bedroom

General Contractor Information

Timothy Matthews same
Building Contractor's Company Name Telephone
same 99tdmatthews@gmail.com
Address Email Address

License # _____

Electrical Contractor Information

Description of Work rough in all electrical to breaker panel Service Size: 200 Amps T-Pole: Yes No
Electrical Contractor's Company Name Telephone
James Michael Collier _____
Address Email Address
28249-L

License # _____

Mechanical/HVAC Contractor Information

Description of Work re zone of addition and duct work
Mechanical Contractor's Company Name Telephone
Silas Walker 919-250-8100
Address Email Address
17255

License # _____

Plumbing Contractor Information

Description of Work Timothy Matthews # Baths 1
~~rough in water and~~ Telephone
drain lines, set fixtures 910-814-7695
Address Email Address
~~17255~~

License # _____

Insulation Contractor Information

Timothy Matthews 910-814-7695
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.

Timothy D Matthews

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

6-1-22

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: Timothy Matthews

Date: 6-1-22