

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. 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

Application for Residential Building and Trades Permit

Owner's Name: Golden Beal Ranch U.C.	Date 6/18/22
Site Address: 3 00 4150 pg 1510-1513	Phone 919-801-3237
	Lot
Description of Proposed Work:	_ Total Job Cost
General Contractor Information	
CREATIVE HOME BIRE & PANCEL OF NE LLC	918-801-3237 Telephone
Building Contractor's Company Name	Telephone
277 Shelby LN Silene City NC	Email Address SF ST NEW
	- / 51 7 (23
License # HEATED SQ FT GARAGE SC	OFT SNED 512
	n
Description of Work Shed Lighting Service Size:	Amps T-Pole:YesNo
10.13	11.
Electrical Contractor's Company Name	relephone
HICK Rd	DANNY hAShoo? @gmpilicon Email Address
Address	Linaii Address
	Linaii Address
Address	
Address 23349 L License #	
Address 23349 L License # Mechanical/HVAC Contractor Inform Description of Work	nation
Address 23349 L License # Mechanical/HVAC Contractor Inform	
Address 23349 L License # Mechanical/HVAC Contractor Inform Description of Work Mechanical Contractor's Company Name	Telephone
Address 23349 L License # Mechanical/HVAC Contractor Inform Description of Work	nation
Address 23349 L License # Mechanical/HVAC Contractor Inform Description of Work Mechanical Contractor's Company Name Address	Telephone
Address	Telephone Email Address
Address Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Description of Work Plumbing Contractor Information Description of Work Plumbing Contractor Information	Telephone Email Address
Address Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Description of Work Plumbing Contractor Information Description of Work Plumbing Contractor Information	Telephone Email Address # Baths
Address License # Mechanical/HVAC Contractor Inform Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Description of Work Plumbing Contractor's Company Name Plumbing Contractor's Company Name	Telephone Email Address
Address Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Description of Work Plumbing Contractor Information Plumbing Contractor's Company Name S321 Swaws Station Plumbing Contractor's Company Name	Telephone Email Address # Baths
Address License # Mechanical/HVAC Contractor Inform Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Description of Work Plumbing Contractor Information Plumbing Contractor's Company Name Plumbing Contractor's Company Name	Telephone Email Address #Baths 1 919 770 0773 Telephone
Address License # Mechanical/HVAC Contractor Inform Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Description of Work Plumbing Contractor's Company Name S321 S WAWNS STATIN RD Address 1/824	Telephone Email Address # Baths
Address Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Description of Work Plumbing Contractor Information Plumbing Contractor's Company Name S321 Swaws Station Plumbing Contractor's Company Name	Telephone Email Address # Baths 919 770 0773 Telephone Womer will address
Address Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Description of Work Plumbing Contractor Information Plumbing Contractor's Company Name S321 Swaws Status Address License #	Telephone Email Address # Baths 919 770 0773 Telephone Womer will address
Address Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Description of Work Plumbing Contractor Information Plumbing Contractor's Company Name S321 Swaws Status Address License #	Telephone Email Address # Baths 919 770 0773 Telephone Womer will address

*NOTE: General Contractor / owner must fill out and sign the second page of this application.



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 Date

1 1	Affidavit for Worker's Compensation N.C.G.S. 87-14 signed applicant being the:
G	eneral Contractor Owner Officer/Agent of the Contractor or Owner
	confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work 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
Has covering th	one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance emselves.
Has	no more than two (2) employees and no subcontractors.
Department to issuance	ing on the project for which this permit is sought it is understood that the Central Permitting t issuing the permit may require certificates of coverage of worker's compensation insurance prior of the permit and at any time during the permitted work from any person, firm or corporation t the work.
Sign w/Title	1/1/1/1/20