

Application #

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

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: FERENCZ LINDSAY MICHELLE; FERENCZ JOSHUA EUGE	NE Date 6-8-2022
Site Address: 409 Prairie Ln Lillington NC 27546	
Subdivision: Trotter Bluff @ Fox Run	Lot 37
Description of Proposed Work: 12x20 Storage Shed	_ Total Job Cost <u>\$6700.00</u>
General Contractor Information	
Backyard Products, LLC	919-773-3177
Building Contractor's Company Name	Telephone
3301 Jones Sausage Rd, Suite 127 Garner NC 27529	Branch99Permits@backyardproducts.com
Address	Email Address
License # HEATED SQ FT GARAGE SQ	lFT
Electrical Contractor Information	า
Description of Work N/A Service Size:	Amps T-Pole:YesNo
Electrical Contractor's Company Name	Telephone
Address	Email Address
Address	Email Address
License #	
Mechanical/HVAC Contractor Information	<u>ation</u>
Description of Work N/A	
	<del></del>
Mechanical Contractor's Company Name	Telephone
Address	Email Address
Address	Linaii Address
License #	
Plumbing Contractor Information	<u>1</u>
Description of Work N/A	_# Baths
Plumbing Contractor's Company Name	Telephone
Address	Francii Address
Address	Email Address
License #	
Insulation Contractor Information	<u>n</u>
N/A	
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 <a href="by signing below I have obtained all subcontractors">by signing below I have obtained all subcontractors</a> <a href="permission to obtain these permits">permission to obtain these permits</a> and if <a href="any">any</a> 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.

6-8-2022 Date

Chris Naasz c/o Backyard Products, LLC
Signature of Owner/Contractor/Officer(s) of Corporation

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
X 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:	
X Has three (3) or more employees and has obtained workers' compensation insurance to cover them.	
X 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: Chris Naasz c/o Backyard Products, LLC Branch Manager Date: 6-8-2022	