



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

* 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: JAMES M. SKILLEN, SR. Date _____
Site Address: 211 BURTON AVENUE, DUNN NC 28334 Phone 252 402 2451
Subdivision: N/A Lot _____
Description of Proposed Work: INSTALL METAL BUILDING Total Job Cost \$ 17K

General Contractor Information

CAROLINA CARPORTS 336-429-0980
Building Contractor's Company Name Telephone
187 CARDINAL RIDGE TRAIL, DOBSON NC 27017 NICOLE.K@CAROLINA
Address Email Address CARPORTS.COM
65533 HEATED SQ FT N/A GARAGE SQ FT 600
License #

Electrical Contractor Information

Description of Work INSTALL SMALL BREAKER Service Size: 600 Amps T-Pole: Yes No
JAMES M. SKILLEN, SR BOX 252-402-2451
Electrical Contractor's Company Name Telephone
211 BURTON AVENUE, DUNN NC 28334 JSKILLEN1@
Address Email Address SUDDENJUNK.NET
N/A License # CONCRETE

Mechanical/HVAC Contractor Information

Description of Work 25'8" x 24'8" x 5" THICK CONCRETE SLAB 3,500
ORR CONCRETE FURQUAY VIRGINA, NC 919 413-0663 PSI
Mechanical Contractor's Company Name Telephone
912 SEQUOIA RIDGE DRIVE, ORR.INFORM@GMAIL.COM
Address FURQUAY-VIRGINA NC 27520 Email Address
License #

Plumbing Contractor Information

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

Insulation Contractor Information

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.

James M. Skiller, SR.
Signature of Owner/Contractor/Officer(s) of Corporation

7/29/2022
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: James M. Skiller, SR.

Date: 7/29/2022