



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 T GARNER JR Date 9/13/22

Site Address: 5109 NC 55 W Phone \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_

Description of Proposed Work: MOVED HOME / RE-ESTABLISH Total Job Cost \$150K

**General Contractor Information**

PDL CONSTRUCTION  
Building Contractor's Company Name

919 624 8943  
Telephone

15 RAWLS RD ANGLER, NC  
Address

henson123@gmail.com  
Email Address

71783  
License #

HEATED SQ FT \_\_\_\_\_ GARAGE SQ FT \_\_\_\_\_

**Electrical Contractor Information**

Description of Work CONNECT SERVICE Service Size: 200 Amps T-Pole:  Yes  No

BARRY LEWIS ELECTRIC  
Electrical Contractor's Company Name

919-980-0563  
Telephone

19370 NC 210 EAST ANGLER, NC  
Address

\_\_\_\_\_  
Email Address

18154-L  
License #

**Mechanical/HVAC Contractor Information**

Description of Work RE-INSTALL HVAC SYSTEM

B & J HEATING & AIR  
Mechanical Contractor's Company Name

919 552-5550  
Telephone

PO BOX 577 ANGLER, NC 27801  
Address

banjhvac@gmail.com  
Email Address

20380  
License #

**Plumbing Contractor Information**

Description of Work REESTABLISH PLUMBING LINES # Baths 1.5

JOHN WELLS  
Plumbing Contractor's Company Name

910 890 3834  
Telephone

CHALY BEATRICE SPRAWLS, RD  
Address ANGLER, N.C.

\_\_\_\_\_  
Email Address

23979  
License #

**Insulation Contractor Information**


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 **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.

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

9/13/2022  
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: 

Date: 9/13/2022