

\* 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**

	C(1)
Owner's Name; Gary Nolder	Date 8/4/22
Site Address: (02 Water Ville Wax Fugi	vay Variva Phone 412 96 5365
Subdivision: Nery Pand	Lot 148
Description of Proposed Work: Shed	Total Job Cost \$ 9,500,00
General Contractor Inf	formation O
NC Shed Builders	484-888-5460
Building Contractor's Company Name	Telephone Telephone
1400 E. Green St. Box 3 NC	27704 Sales@ncShedbuilders.com
Address	Email Address
HEATED SQ FT GA	RAGE SQ FT
License #  Electrical Contractor In	formation
Description of WorkServi	ice Size:Amps T-Pole:YesNo
Electrical Contractor's Company Name	Telephone
Address	Email Address
License #	
Mechanical/HVAC Contractor	or Information
Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License # Plumbing Contractor In	formation
Description of Work	
Docompany of trom	
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License # Insulation Contractor In	oformation .
insulation Contractor in	IIVIIIMIIVII
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

carrying out the work

Sign w/Title:

14/2022

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