



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: Aristeo Castro Aguilera + Angelica Flores Torres Date 8-9-2022
Site Address: 5908 US 421 N, Lillington NC 27546 Phone 919 935 1171
Subdivision: _____ Lot _____
Description of Proposed Work: _____ Total Job Cost _____

General Contractor Information

Owner
Building Contractor's Company Name _____ Telephone 919 935 1171
Address _____ Email Address _____
License # _____ HEATED SQ FT 2362 GARAGE SQ FT 676

Electrical Contractor Information

Description of Work 200 Amp Service Service Size: 200 Amps T-Pole: Yes No
Owner
Electrical Contractor's Company Name _____ Telephone 919 935-1171
Address _____ Email Address _____
License # _____

Mechanical/HVAC Contractor Information

Description of Work New HVAC Install
Owner
Mechanical Contractor's Company Name _____ Telephone 919-935-1171
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work New Plumbing Install # Baths 2.5
Owner
Plumbing Contractor's Company Name _____ Telephone 919 935 1171
Address _____ Email Address _____
License # _____

Insulation Contractor Information

Owner
Insulation Contractor's Company Name & Address _____ Telephone 919 935 1171

***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

Date

8-9-2022

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 carrying out the work.

Sign w/Title: _____

Date: _____

8-9-2022