



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: Lonnie & Ruth Scott Date 8-24-22
Site Address: Ade Mammie Upchurch Rd. Phone 919-795-9604
Subdivision: Lillington, NC 27546 Lot _____
Description of Proposed Work: Pool House Total Job Cost: \$20,000.00

General Contractor Information

(OWNER) Lonnie & Ruth Scott - owner
Building Contractor's Company Name 919-795-9604 Telephone
Address P.O. Box 1969 Lillington, NC 27546 Email Address rscott@batteriesofnc.com
License # HEATED SOFT 27546 GARAGE SOFT 330 SF

Electrical Contractor Information

Description of Work LIGHTS - FAN Service Size: 200 Amps T-Pole: Yes ON TIME SERVICE No
Electrical Contractor's Company Name 919-669-7209 Telephone
Address 1140 NC 55 EAST COATS, NC 27521 Email Address ontimeservices.paul@gmail.com
License # _____

Mechanical/HVAC Contractor Information

Description of Work -none on project
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work SINK - Toilet Install # Baths 1
Plumbing Contractor's Company Name Downlink Construction LLC Telephone 919-261-4908
Address 603 Denim Drive ERWIN, NC 27839 Email Address _____
License # 22174

Insulation Contractor Information

Insulation Contractor's Company Name & Address -None on project 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.

Ralph B. #
Signature of Owner/Contractor/Officer(s) of Corporation

8-24-22
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: *Ralph B. #*

Date: 8-24-22