



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: John + Amanda Hicks Date 10-27-22

Site Address: 231 Glover's Lane Coats, NC 27521 Phone 919-210-1023

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

Description of Proposed Work: 40X60 Metal Storage Barn Total Job Cost 87,600.00

**General Contractor Information**

Rivas General Contracting

Building Contractor's Company Name

(336) 391-9949

Telephone

628 Romie Snow Rd Dobson, NC 27017

Address

rivasbgc@gmail.com

Email Address

NC GC# 87790

License #

**HEATED SQ FT**

**GARAGE SQ FT** 2400

**Electrical Contractor Information**

Description of Work 3 lights, 6 receptacles Service Size: 30 Amps T-Pole:  Yes  No

Owner - John Mark Hicks

Electrical Contractor's Company Name

910-710-3676

Telephone

231 Glover's Lane Coats, NC 27521

Address

gandmroadservice@gmail.com

Email Address

License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_

Mechanical Contractor's Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

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 [redacted] and if [redacted] 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.

[Redacted signature line]

Amanda Hicks

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

10-27-22

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: [Signature] / President

Date: 28 Oct 2022