



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: Zachary Hobbs Date 8/29/22  
Site Address: 99 Kipling Rd, Fuquay Varina, NC 27526 Phone 910-987-7347  
Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work: Storage Building Construction Total Job Cost \$5,000

**General Contractor Information**

Self Performed \_\_\_\_\_ Telephone 910-890-0740  
Building Contractor's Company Name \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_ **HEATED SQ FT** \_\_\_\_\_ **GARAGE SQ FT** 252

**Electrical Contractor Information**

Description of Work New Electrical Service Service Size: 100 Amps T-Pole: \_\_\_ Yes No.  
Patrick Electrical Contractors, LLC Telephone 910-237-1594  
Electrical Contractor's Company Name \_\_\_\_\_  
1309 N. Main St. Lillington, NC 27546 Email Address tommypatrick910@gmail.com  
Address \_\_\_\_\_  
U.04910  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work Installation of Mini Split  
Dupree Heating and Air, LLC Telephone 919-291-0573  
Mechanical Contractor's Company Name \_\_\_\_\_  
2085 Eddie Howard Rd, Willow Spring, NC 27592 Email Address dupreehvaca@yahoo.com  
Address \_\_\_\_\_  
L.31834  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Insulation Contractor Information**


Self Perform \_\_\_\_\_  
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

8/29/22  
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.

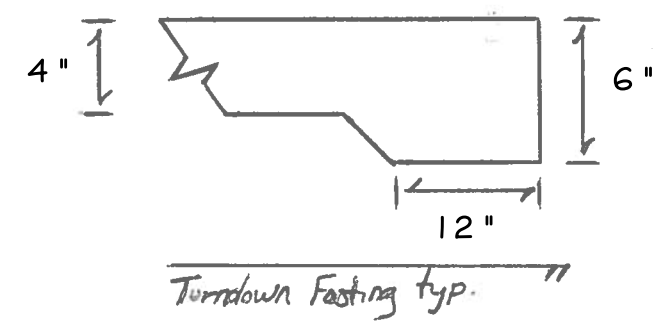
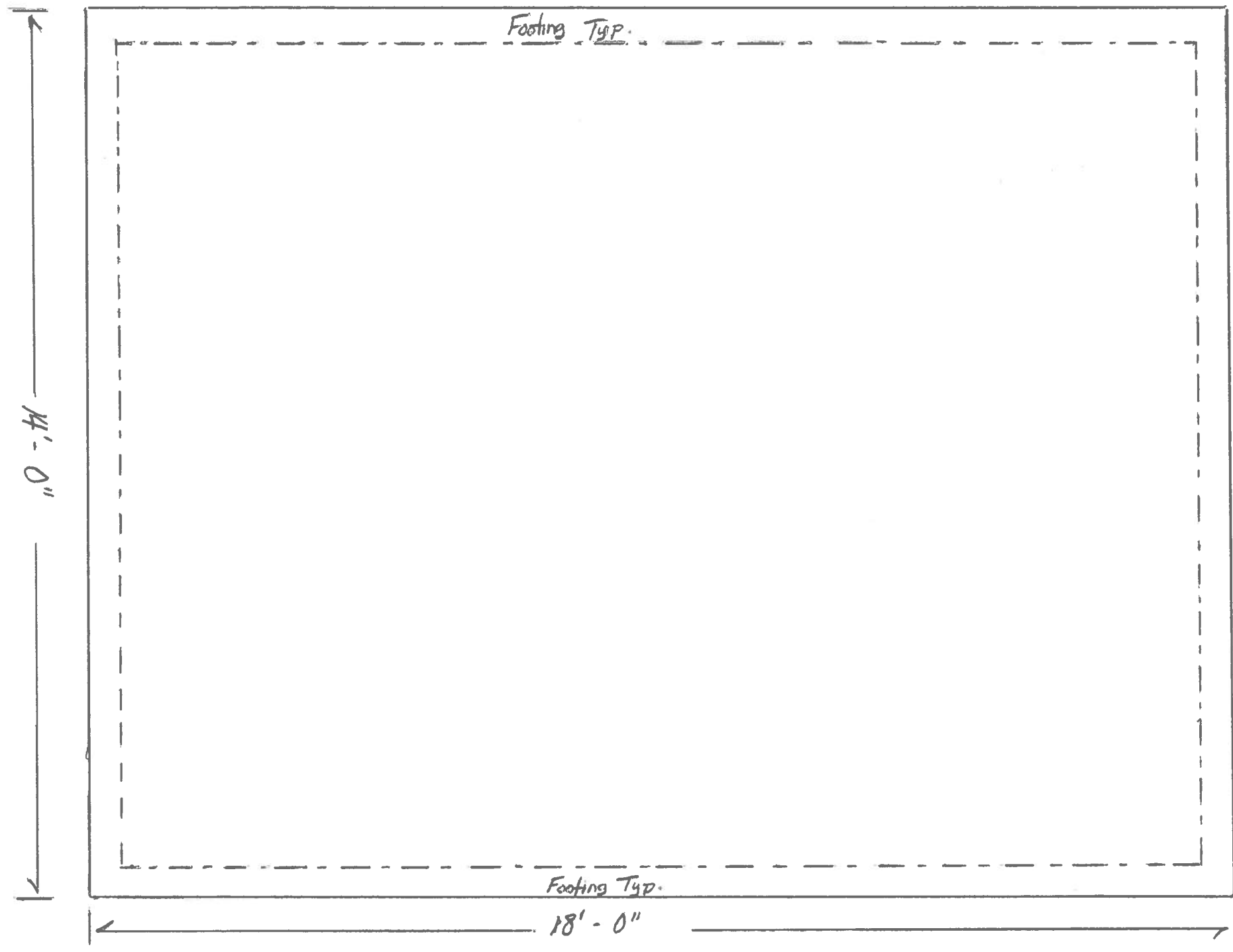
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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.

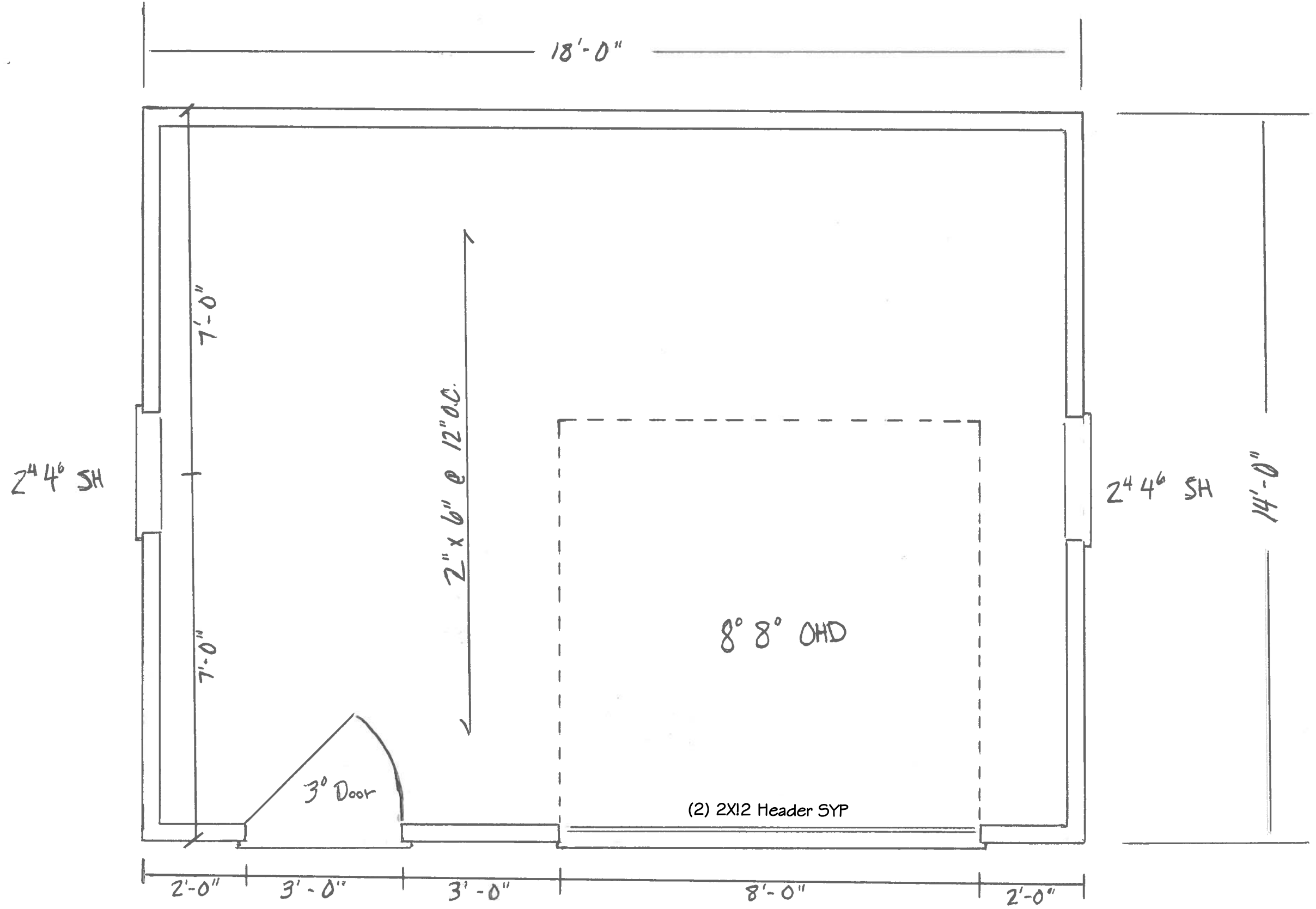
Sign w/Title:  OWNER Date: 8/29/22



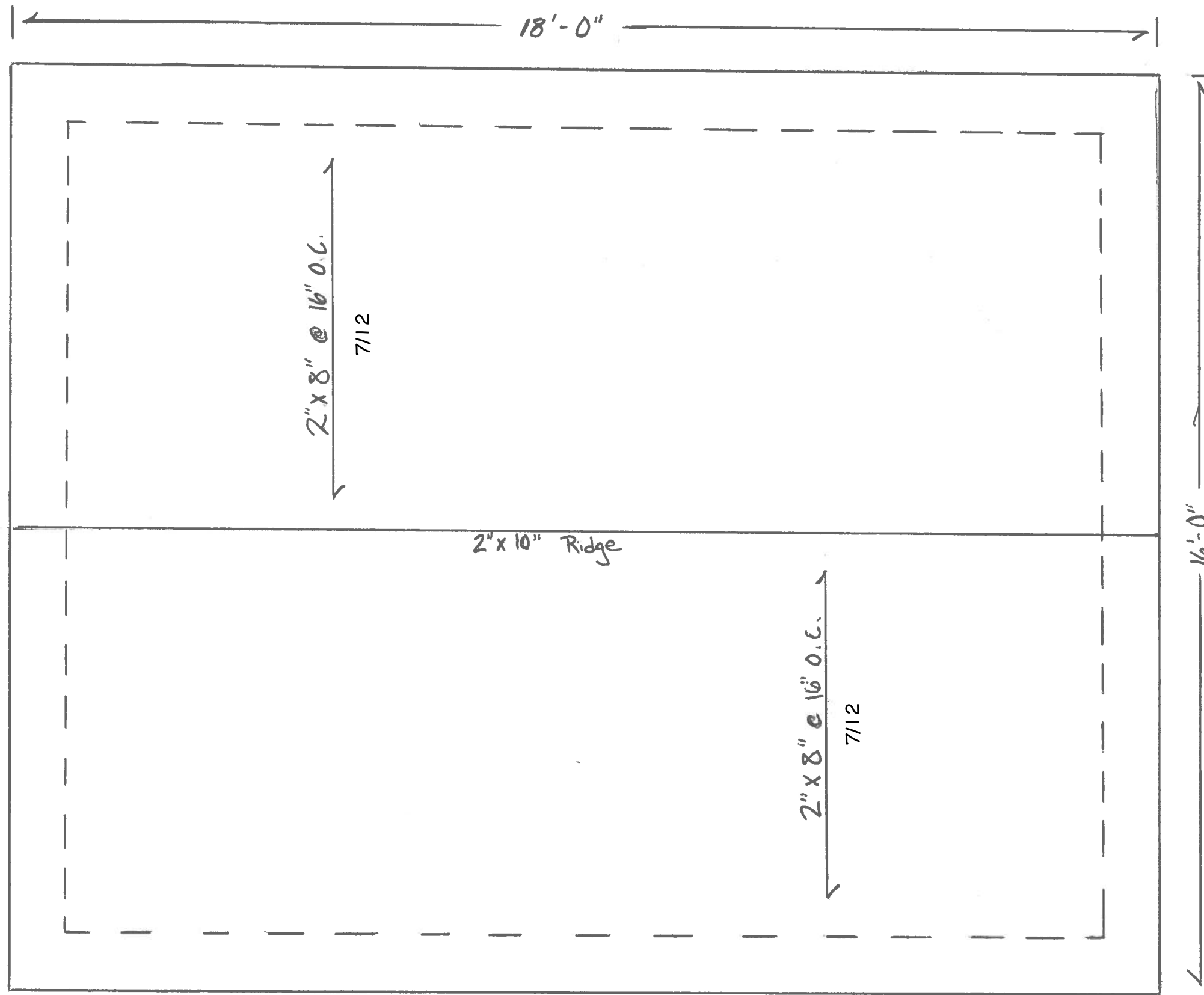
Foundation Plan  $\frac{1}{2}'' = 1'-0''$

\*\* All headers shall be double 2X10 SYP unless otherwise noted.\*\*

\*\*All headers shall be supported in accordance with section R602.7.5 (Support For Headers) of the 2018 NC Residential Building Code\*\*



Wall & Ceiling Plan 1/2" = 1'-0"



\*\* Provide 2X4 collar ties every second rafter (TYP). \*\*

Roof Framing Plan  $\frac{1}{2}'' = 1'-0''$