



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: \_\_\_\_\_ Ricardo Rodriguez \_\_\_\_\_

Date 9/8/2022

Site Address: 272 Flyway Dr. Lillington, NC 27546

\_\_\_\_\_ Phone 202 340 7581

Subdivision: \_\_\_\_\_ Lot 16

cosmetic repairs after wind damage. Engineer letter has ben submitted

Total Job Cost 5000

**General Contractor Information**

Vanessa PerdomoT/A Metropoly Construction \_\_\_\_\_ 919 868 7790  
Building Contractor's Company Name Telephone

126 Watertree In. Apex NC 27502 \_\_\_\_\_ metropoly@yahoo.com  
Address Email Address

77353 HEATED SQ FT 1120 GARAGE SQ FT \_\_\_\_\_  
License #

**Electrical Contractor Information**

Description of Work Cosmetic work Service Size: 200 Amps 1Ph T-Pole: \_\_\_Yes \_\_\_No

Antonio Services, LLC \_\_\_\_\_ Telephone  
Electrical Contractor's Company Name

\_\_\_\_\_ 252 294 5521  
Address 5601 St RoseChurch Rd. Wilson NC Email Address antonioservicesllc@gmail.com

License #. L25726

**Mechanical/HVAC Contractor Information**

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

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

\_\_\_\_\_ Email Address \_\_\_\_\_  
Address

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

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_  
Plumbing Contractor's Company Name

\_\_\_\_\_ Email Address \_\_\_\_\_  
Address

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

**Insulation Contractor Information**

\_\_\_\_\_ Telephone \_\_\_\_\_  
Insulation Contractor's Company Name & Address



**\*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.**

9/8/22

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

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.

X  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: 9/8/22