

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: Shelley Pearson Date 9-6-22
 Site Address: 8521 Christian Light Rd. Fuquay Varina NC Phone 919 868 8022
 Subdivision: _____ Lot _____
 Description of Proposed Work: Triple Wide Garage Total Job Cost \$45,000

self
→

General Contractor Information

~~Building Contractor's Company Name~~ Vega Metal Structures Telephone 336 799 4416
~~Address~~ 4047 US Hwy 311 Randleman NC Email Address Vegametalstructures@gmail.com
 License # _____ HEATED SQ FT _____ GARAGE SQ FT _____

Electrical Contractor Information

Description of Work outlets, lights, window heat/Ac unit Service Size: _____ Amps T-Pole: Yes _____ No _____
 Electrical Contractor's Company Name Joseph Michael Fredley Telephone 919 390 8954
 Address 421 Virgil Rd. Durham NC Email Address JosephFredley@hotmail.com
 License # 32169

Mechanical/HVAC Contractor Information

Description of Work N/A
 Mechanical Contractor's Company Name _____ Telephone _____
 Address _____ Email Address _____
 License # _____

Plumbing Contractor Information

Description of Work N/A # Baths _____
 Plumbing Contractor's Company Name _____ Telephone _____
 Address _____ Email Address _____
 License # _____

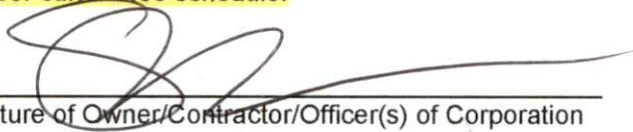
Insulation Contractor Information

Vega Metal Structures Telephone 336 799 4416
 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.


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

9-6-22
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: 9-6-22