

Application # Harnett County Central Permitting 420 McKinney Pkwy Lillington, NC 27546 * Must be owner/occupier or PO Box 65 Lillington, NC 27546 licensed contractor. Address, 910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits company name & phone must match information on license. Application for Residential Building and Trades Permit Owner's Name: Josh McMahon Date 10/13/2022 Phone 919-427-1726 Site Address: 42 Woodstone Place Subdivision: <u>Barc</u>lays Phase 2 Lot 14 Description of Proposed Work: <u>Covered Concrete Porc</u> Total Job Cost \$8,000 **General Contractor Information** Homeowner - Josh McMahon 919-717-0894 Building Contractor's Company Name Telephone 42 Woodstone Place, Angier NC 27501 kandiemerendino@gmail.com Address Email Address HEATED SQ T n a GARAGE SQ FT n a n a License # **Electrical Contractor Information** Description of Work n a _____ Service Size: ____ Amps T-Pole: ___Yes ___No Electrical Contractor's Company Name Telephone Address Email Address License # Mechanical/HVAC Contractor Information Description of Work na 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 Email Address 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 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

10/13/2022

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
General Contractor X 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.
<u>X</u> 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: <u>Josh McMahon</u> Homeowner Date: 10/13/2022