



Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. 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: JAMES WHITE Date: 11-8-22
Site Address: 19 PERNEY CT. Fuquay Varina NC 27526 Phone: (320) 360-0708
Subdivision: HADDEN Pointe Lot: 45
Description of Proposed Work: 14 X 24 Storage Shed Total Job Cost: 12,500

General Contractor Information

The Shed Depot (919) 776-0206
Building Contractor's Company Name Telephone
1732 WESTOVER DRIVE SANFORD
Address Email Address
License # HEATED SQ FT GARAGE SQ FT

Electrical Contractor Information

Description of Work WIRE Shed Service Size: _____ Amps T-Pole: Yes No
OWNER
Electrical Contractor's Company Name Telephone (919) 776-0206
James White
Address Email Address
License #

Mechanical/HVAC Contractor Information

Description of Work INSTALL SINGLE MINI split
SERVILE Medic - Achi SAMIR 919-904-5976
Mechanical Contractor's Company Name Telephone
4705 Blue Bird CT Raleigh
Address Email Address
HD 34331
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 **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.

James A White
Signature of Owner/Contractor/Officer(s) of Corporation

11-8-22
Date

James A White

11-21-22

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: James A White

Date: 1-8-22

James A White
James A White

11-21-22

12-8-22