



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: DERRICK WALKER Date 11/3/2022

Site Address: 148 LAMPLIGHTER Phone 850-418-1726

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

Description of Proposed Work: BONUS ROOM EXPANSION Total Job Cost \$15,610

**General Contractor Information**

TRUBLUER RENOVATIONS (910) 676-5028  
Building Contractor's Company Name Telephone

3738 BUCKE TRAIL FAYETTEVILLE NC 28306 TRUBLUERENOV@gmail.com  
Address Email Address

88505 HEATED SQ FT 155 GARAGE SQ FT N/A  
License #

**Electrical Contractor Information**

Description of Work ADD WALL OUTLETS (6) Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No

IDC ELECTRIC HEAT & AIR (910) 916-0346  
Electrical Contractor's Company Name Telephone

2545 ROCKFISH RD RAEFORD NC 28376 IDDELECTRICHEATINGANDAIR@gmail.com  
Address Email Address

34030  
License #

**Mechanical/HVAC Contractor Information**

Description of Work ADD HVAC (1) DISTRIBUTION LINE (REGISTERED) SAME  
IDC ELECTRIC HEAT & AIR Telephone

Mechanical Contractor's Company Name SAME  
SAME Email Address

Address 35045  
License #

**Plumbing Contractor Information**

Description of Work (NONE) # Baths \_\_\_\_\_

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

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

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

**Insulation Contractor Information**


TRUBLUER RENOVATIONS LLC (910) 676-5028  
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

11/3/2022  
\_\_\_\_\_  
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:

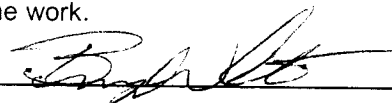
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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/CONTRACTOR    Date: 11/3/2022