



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: Jim Anglin Date 30 Nov 2022
Site Address: 1263 Cobb Road Benson NC 27504 Phone 919-971-6480
Subdivision: _____ Lot _____
Description of Proposed Work: Detached Garage Total Job Cost \$40,000

General Contractor Information

Owner
Building Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____ HEATED SQ FT _____ GARAGE SQ FT 1440

Electrical Contractor Information

Description of Work Wiring detached garage Service Size: 100 Amps T-Pole: ___ Yes No
C & M Electric Service Inc Telephone 919-772-4518
Electrical Contractor's Company Name _____ Telephone _____
P.O. Box 1888 Clayton, NC 27528 Email Address Shane@camelectric.com
Address _____ Email Address _____
5689-L
License # _____

Mechanical/HVAC Contractor Information

Description of Work Construct concrete and metal structure
Tarheel Metal Structures Telephone 336-476-4955
Mechanical Contractor's Company Name _____ Telephone _____
8314 US Hwy 220 Bus. North Randleman NC Email Address buildings@tarheelmetal.com
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work plumbing for shop # Baths 1
Henderson Plumbing, Inc Telephone 919-369-7581
Plumbing Contractor's Company Name _____ Telephone _____
120 Juniper Drive, Clayton NC Email Address _____
Address _____ Email Address _____
24867
License # _____

Insulation Contractor Information

N/A Telephone N/A
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]
Signature of Owner/Contractor/Officer(s) of Corporation

30 Nov 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: _____ Date: _____