

 Each section below to be filled out by whomever performing work.

Must be owner/occupier or licensed contractor. Address, company name & prone must match information on license. Application # \_\_\_\_\_

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Lisa Gainey	Date: 3/15/23
Site Address: 53 Reserve, Dr. Fugury	VC 27526 Phone: 941)920 4477
Subdivision: The Reserve	Lot:
Description of Proposed Work: Build a metal detach Total Job Cost: \$ 17,500	
Top Rank Steel Structures Building Contractor's Company Name	(336)790-5299 Telephone
Ha Payre Rd., Thomasville NC	Salesa topranksteelstructures. Email Address
run electric Electrical Contractor Informatio	
1 1 1	Amps T-Pole:Yes <u>X_</u> No (919)694-6299
Dawson's Electric Electrical Contractor's Company Name	Telephone
280 Jarco Dr., Fuguay Varina, N	Email Address Com
25948 - L license #	
Mechanical/HVAC Contractor Inform	nation
Description of Work NIA	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License #  Plumbing Contractor Information	
Description of Work N H	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
Insulation Contractor Information  Insulation Contractor Steel Structures Insulation Contractor's Company Name & Address	(336) 790-5299 Telephone

\*NOTE: General Contractor / owner must fill out and sign the second page of this application.

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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.

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:	
X 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 permitted work from any person, firm or corporation carrying out the permitted work from any person, firm or corporation carrying out the permitted work from any person.	
Sign w/Title: Store & Councy Date: 3/25/23	