



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: Jonathan Guevin Date 1/18/2023
Site Address: 1117 Turlington Rd Dunn NC 28334 Phone 919-418-5107
Subdivision: None Lot 00002
Description of Proposed Work: Accessory building/storage Total Job Cost \$ 7,000

General Contractor Information

Jonathan Guevin 919-418-5107
Building Contractor's Company Name Telephone
1117 Turlington Rd Dunn NC 28334 jonathanmg11@yahoo.com
Address Email Address

HEATED SQ FT 0 GARAGE SQ FT 384

License # _____

Electrical Contractor Information

Description of Work Storage lights and outlets Service Size: 60 Amps T-Pole: ___ Yes No
Jonathan Guevin //
Electrical Contractor's Company Name Telephone
// //
Address Email Address

License # _____

Mechanical/HVAC Contractor Information

Description of Work None
Mechanical Contractor's Company Name Telephone
Address Email Address

License # _____

Plumbing Contractor Information

Description of Work None # Baths _____
Plumbing Contractor's Company Name Telephone
Address Email Address

License # _____

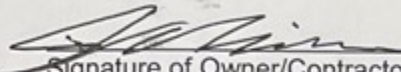
Insulation Contractor Information

None _____
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

1/18/2023

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 Mr. Jonathan Guevin Date: 1/18/2023