

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: Kevin David Crissman Date: 1/2/2023  
 Site Address: 146 Sykes Lane Broadway NC 27505 Phone: 984-270-1195  
 Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Description of Proposed Work: Remodeling in Side the House Total Job Cost: \$ 15,000

**General Contractor Information**

Kevin David Crissman 984-270-1195  
 Building Contractor's Company Name Telephone  
146 Sykes Lane Broadway NC 27505 Crissman Kevin @ xhco.com  
 Address Email Address

HEATED SQ FT 1200 GARAGE SQ FT 298

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

**Electrical Contractor Information**

Description of Work New Electric CHAUGHT Service Size: 200 Amps T-Pole:  Yes  No  
John Holly 919-499-7105  
 Electrical Contractor's Company Name Telephone  
2701 Meadow drive Sanford NC 27332 Joholly 2701@gmail.com  
 Address Email Address  
L.35351  
 License #

**Mechanical/HVAC Contractor Information**

Description of Work New mini splits for heat & air conditioning  
John Holly 919-499-7105  
 Mechanical Contractor's Company Name Telephone  
2701 Meadow drive Sanford NC 27332 Joholly 2701@gmail.com  
 Address Email Address  
L.35351  
 License #

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
 Plumbing Contractor's Company Name Telephone \_\_\_\_\_  
 Address Email Address \_\_\_\_\_  
 License # \_\_\_\_\_

**Insulation Contractor Information**

Kevin David Crissman 146 Sykes Lane Broadway 984-270-1195  
 Insulation Contractor's Company Name & Address Telephone  
NC 27505

**\*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.

KA  
Signature of Owner/Contractor/Officer(s) of Corporation

1/2/2023  
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: KA

Date: 1/2/2023