

Application #

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

Application for Residential Building and Trades Permit

		2/2/2	
Owner's Name: Janny Jones		Date 3/31/23	
Site Address: 8725 Christian hat Ro	Phone	252)393-1665	
Subdivision:	Lot		
Description of Proposed Work: Event Metal blog for homeowners	AFotal Job Cost	125K	
General Contractor Information			
To I Castrutana las	919)291	-6072	
Building Contractor's Company Name	Telephone	-6072 955@1chud.co	
401 Cox Rd Jeffuso, NC 28640	+taton1	955@ 1chard.co	
Address	Email Address		
46541 HEATED SQ FT NA GARAGE SQ	FT 3200		
License #			
Description of WorkNA Service Size: _	Amps T-F	Pole: Yes No	
Description of work dervice dize			
Electrical Contractor's Company Name	Telephone		
Ziosinsan Gamastar a Gampany Hami	SOCIONA POPULA DE SOCIA POPULA		
Address	Email Address		
3 500 500 7000 500			
License #			
Mechanical/HVAC Contractor Inform	<u>ation</u>		
Description of Work		-	
Mechanical Contractor's Company Name	Telephone		
Address	Email Address		
License #			
Plumbing Contractor Information	1		
Description of Work A	# Baths		
Description of Work			
Plumbing Contractor's Company Name	Telephone		
Training Contractor of Company Training	, , , , , , , , , , , , , , , , , , , ,		
Address	Email Address		
License #	_		
Insulation Contractor Information	<u>n</u>		
NA Bldg Package	Telephone		
Insulation Contractor's Company Name & Address	relephone		

*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

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: Nomas D. Tatton, Pres Date: 3/31/23		