



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: Attia Hanay / Youssef Magi Date March 13, 2023
Site Address: 193 Clearview Court Phone _____
Subdivision: Carolina Lakes Lot #71
Description of Proposed Work: Enclosed room attached to back of house Total Job Cost \$95,000.00

General Contractor Information

GME Management, LLC Telephone 919-353-4409
Building Contractor's Company Name _____
P.O. Box 1524 Telephone _____
Address _____ Email Address lgavin59@yahoo.com
87385 HEATED SQ.FT _____ GARAGE SQ.FT _____
License # _____

Electrical Contractor Information

Description of Work wire addition for HVAC and lighting and plugs Service Size: 400 Amps T-Pole: Yes No
DJB Eletrical service LLC Telephone 919-796-1503
Electrical Contractor's Company Name _____
4901 departure dr 58401 Telephone _____
Raleigh NC 27658 Email Address Djb85wiringservices@outlook.com
Address _____
30237
License # _____

Mechanical/HVAC Contractor Information

Description of Work Add a 2 ton Hvac unit to the 16x57 room addition
A. Maynor Heating & Air Conditioning, Inc. Telephone 919-514-1550
Mechanical Contractor's Company Name _____
1000 Goodworth Drive Apex NC, 27539 Telephone _____
Address _____ Email Address _____
M-12309
License # _____

Plumbing Contractor Information

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

Insulation Contractor Information

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.

Samuel Garcia
Signature of Owner/Contractor/Officer(s) of Corporation

3/28/2023
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: *Samuel Garcia* / OWNER

Date: 3/28/2023