

Application #

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match 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

on on license.	1/12/22
Owner's Name: SALLY A. Woodley & Susan E	. WOODLEY Date: 4/13/23
Owner's Name: SALLY A. Woodley & SUSAN E Site Address: 635 BARBEQUE CHURCH RD.	Phone: 919 696 9045
Subdivision: N/A	Lot:
Subdivision: N/A Description of Proposed Work: 30x40 METAL BUILDING ON SL	AB Total Job Cost: CONCRETE 7570
General Contractor Informa	tion ELECTRIC TED
Building Contractor's Company Name	919 696 9045
Building Contractor's Company Name	Telephone
1005 THORNCROFT LN. APEX, NC 27502	Sew 4822 a chaith. com
Address	
N/A HEATED SQ FT GARAGE	SQ FT 1200
License #	
Description of Work WILING FOR LIGHTS & ACCESSORIES Service Si	ze: 200 Amps T-Pole: Yes VNo
ANDREW MCCORD	919 395 9373
Electrical Contractor's Company Name	Telephone
115 GOWER CIRCLE GARNER, NC	4 CONNECT ELECTRIC @gma
Address	Email Address
Address	
29077 License #	formation
License # Mechanical/HVAC Contractor Interest Mechanical/HVAC Contr	formation
29077 License #	formation
Description of Work	
License # Mechanical/HVAC Contractor Interest Mechanical/HVAC Contr	Telephone
Description of Work	Telephone
Description of Work	
License # Mechanical/HVAC Contractor Interpretation of Work N/A Mechanical Contractor's Company Name Address	Telephone
Description of Work	Telephone Email Address
Description of Work	Telephone Email Address
Description of Work	Telephone Email Address nation # Baths
Description of Work	Telephone Email Address
License # Mechanical/HVAC Contractor Interpretation of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Inform Description of Work N/A Plumbing Contractor's Company Name	Telephone Email Address nation # Baths Telephone
License # Mechanical/HVAC Contractor Interpretation of Work	Telephone Email Address nation # Baths
License # Mechanical/HVAC Contractor Interpretation of Work	Telephone Email Address nation # Baths Telephone
License # Mechanical/HVAC Contractor Interpretation of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Inform Description of Work N/A Plumbing Contractor's Company Name	Telephone Email Address nation # Baths Telephone Email Address

*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

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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: Date: 4/13/23