



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: Todd Selleck Date 4/11/23

Site Address: 106 New River Court Angier NC 27501 Phone 919-961-5524

Subdivision: _____ Lot _____

Description of Proposed Work: Renovate garage to make finished living space Total Job Cost 64,000

General Contractor Information

Atlantic Builders & Design
Building Contractor's Company Name

919-961-5524
Telephone

139 Technology Drive Garner NC 27529
Address

atlanticbuildersanddesign@gmail.com
Email Address

61080
License #

HEATED SQ FT _____ GARAGE SQ FT _____

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No

Oak Electric
Electrical Contractor's Company Name

919-648-3343
Telephone

421 E Hinton Street Clayton NC 27520
Address

Email Address

U.31999
License #

Mechanical/HVAC Contractor Information

Description of Work _____

Cascadia Air Repair
Mechanical Contractor's Company Name

Telephone

Po Box 1045 Princeton NC 27569
Address

Email Address

34743
License #

Plumbing Contractor Information

Description of Work _____ # Baths _____

Coady's Plumbing
Plumbing Contractor's Company Name

Telephone

229 Tyler Drive Smithfield NC 27577
Address

Email Address

20636
License #

Insulation Contractor Information

Friends Insulation 2001 Blount Creek Clayton NC 27520
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.

Todd Bell
Signature of Owner/Contractor/Officer(s) of Corporation

4/11/23
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: Todd Bell Date: 4/11/23