

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

n on license.	- 221.	- 22 2
Owner's Name:	mmy V. Dlaik	Date: 5-22-23 11ing for NCPhone: 919-210-77
Site Address: 562 Ch	estatiele Lake Re. Li	11 in fox N CPhone: 919-210-77
Subdivision:		Lot:
Description of Proposed Wo	ork: 10410 DOCK	Total Job Cost 800,00
_	General Contractor Inform	
TERRY BS	Ker toxio	919-614-4767 Telephone
Building Contractor's Comp	any Name	Telephone
Address		Email Address
Theres	HEATED SQ FT GARA	GE SQ FT
License #		
Description of Work	Electrical Contractor Infor	rmation Size:Amps T-Pole:YesNo
Description of Work	Service	SizeAmps 14 dic1cs1cs
Electrical Contractor's Com	pany Name	Telephone
Address		Email Address
License #	Mechanical/HVAC Contractor	Information
Description of Work		
Mechanical Contractor's Company Name		Telephone
Address		Email Address
License #		
License #	Plumbing Contractor Info	rmation
Description of Work		# Baths
Plumbing Contractor's Con	npany Name	Telephone
		Carall Address
Address		Email Address
Ligense #		
	Insulation Contractor Info	rmation
Insulation Contractor's Con		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.

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

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: Jimm D. Blain Date 5-22-23		