



Harnett
C O U N T Y

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: TIM PATTERSON Date _____
Site Address: 660 PATTERSON RD, BROADWAY, NC, 27505 Phone 919-499-5128
Subdivision: _____ Lot _____
Description of Proposed Work: SWIMMING POOL Total Job Cost _____

General Contractor Information

Swim Safe Pools
Building Contractor's Company Name _____ Telephone 919-629-1331
5984 Six Forks Rd, Raleigh, NC, 27609
Address _____ Email Address OPERATIONS@SWIMMINGNC.COM
80889
License # _____ HEATED/SOFT _____ GARAGE SQ FT _____
Description of Work wire sub panel for pool equipment Electrical Contractor Information: _____
Mr. Sparky Electric Service Size: 80 Amps T-Pole: Yes _____ No _____
Telephone 910-689-7739
Electrical Contractor's Company Name _____ Email Address MRSPARKYELECTRIC@gmail.com
177 Washington Lane
Address _____ Telephone _____
U.35014
License # _____

Mechanical/HVAC Contractor Information

Description of Work GAS CONNECTION Telephone 919-263-3474
Brite Creations
Mechanical Contractor's Company Name _____
7204 ACC BLVD, RALEIGH, NC 27617
Address _____ Email Address PERMIT@BRITCREATIONS.COM
31519
License # _____

Plumbing Contractor Information

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

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.**

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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 _____

5/15/23

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: Joe Member Date: 5/15/23