

Application # _____

Each section below to be filled out by whomever performing work. Must be dwher or licensed contractor. Address, company name 3 ohone must match information on license. 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

Owner's Name: Chris Patterson	Date: 5-26-23
Owner's Name: Chris Patterson Site Address: 9 CP Stewart Re	Lillington Phone:
Subdivision: Description of Proposed Work: Detached Gara	are tstorage
General Contractor in	(1) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
Steve Thomas	
Building Contractor's Company Name	Telephone
PO875 Broadway NC 27505	Bouthernconcrete @ Email Address Wirds Tream, net
Address	Email Address
59452 License #	Wirdstream, Wel
Description of Work Detached Garage Ser	Information
1) estes to De	
Wester + Parc Electrical Contractor's Company Name	9/9-499-3946 Telephone
411 / ec/a Rd L d 111 172	2 A
416 Leslie Rd Sanford NC 273: Address	Email Address
12007-U License #	
Mechanical/HVAC Contract	ctor Information
Description of Work WA	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
And the second s	
License #	
Plumbing Contractor	
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License #	
Insulation Contractor	Information
Tatum's Insulation	9/9-661-0999 Telephone
Insulation Contractor's Company Name & Address	Tolonbono

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; 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

5-26-23

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
(
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: 5-26-23