

		Application #
be owner/occupier or ed contractor. Address, iny name & phone must	Harnett County Central Per 420 McKinney Pkwy Lillington, NC PO Box 65 Lillington, NC 275 910-893-7525 ext. 1 Fax 910-893-2793 www	C 27546 546
information on license.	Application for Residential Building a	and Trades Permit
Owner's Name: Free	 Idrick Smalls	Date7-11-2023
Site Address: 18 Winged Foot Dr. Bunnlevel, NC 28323		Phone 254-258-6229
Subdivision: <u>Walnut Grove</u>		
Description of Propos	ed Work: Install 16x20 wood framed shed from	Lowes Total Job Cost <u>\$9600.00</u>
	General Contractor Inform	nation
Backyard Products, LLC		919-773-3177
Building Contractor's Company Name		Telephone
3301 Jones Sausage Rd, Suite 127 Garner NC 27529		Branch99Permits@backyardproducts.com
Address		Email Address
N/A - Unlicensed Contractor u	nder \$30K HEATED SQ FT 0 GARA	GE SQ FT 0
License #	Electrical Contractor Infor	mation
Description of Work _		Size:Amps T-Pole:YesN
Electrical Contractor's Company Name		Telephone
Address		Email Address
Address License #		Email Address
	Mechanical/HVAC Contractor	
License #	N/A	
License # Description of Work <u> </u> Mechanical Contracto	N/A	Information
License # Description of Work	N/A	Information
License # Description of Work <u> </u> Mechanical Contracto	N/A or's Company Name	Information Telephone Email Address
License # Description of Work <u></u> Mechanical Contracto Address License #	N/A or's Company Name Plumbing Contractor Infor	Information Telephone Email Address
License # Description of Work <u> </u> Mechanical Contractor Address	N/A or's Company Name Plumbing Contractor Infor	Information Telephone Email Address
License # Description of Work <u></u> Mechanical Contracto Address License #	N/A pr's Company Name <u>Plumbing Contractor Infor</u> N/A	Information Telephone Email Address
License # Description of Work _ Mechanical Contracto Address License # Description of Work _	N/A pr's Company Name <u>Plumbing Contractor Infor</u> N/A	Information Telephone Email Address rmation # Baths
License # Description of Work Mechanical Contractor Address License # Description of Work Plumbing Contractor's	N/A Dr's Company Name Plumbing Contractor Infor N/A s Company Name	Information Information Telephone Imation Imat
License # Description of Work _ Mechanical Contractor Address License # Description of Work _ Plumbing Contractor's Address License #	N/A pr's Company Name <u>Plumbing Contractor Infor</u> N/A	Information Information Telephone Imation Imat
License # Description of Work _ Mechanical Contractor Address License # Description of Work _ Plumbing Contractor's Address License # N/A	N/A Dr's Company Name Plumbing Contractor Infor N/A s Company Name	Information Telephone Email Address mation # 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 <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> 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.

<u>Chris Naasz c/o Backyard Products, LLC</u> Signature of Owner/Contractor/Officer(s) of Corporation

7-11-2023 Date

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:			
General Contractor Owner X 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:			
\underline{X} Has three (3) or more employees and has obtained workers' compensation insurance to cover them.			
$\frac{X}{\text{them.}}$ 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: Chris Naasz, Backyard Products, LLC / Territory Manager Date: 7-11-2023			