



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

Permit # BRES2307-0039

\* 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: Andrea Klein & Christina Sanchez Date 8/24/23  
Site Address: 9720 Mc Dougald Rd. Broadway NC 27505 Phone 919-352-8844  
Subdivision: N/A Lot N/A  
Description of Proposed Work: Put up storage shed on concrete slab. Total Job Cost \_\_\_\_\_

**General Contractor Information**

Property Owner Son Kyle Rutherford  
Building Contractor's Company Name \_\_\_\_\_ Telephone 252-945-8749  
9720 Mc Dougald Rd Broadway NC 27502 Address \_\_\_\_\_ Email Address RuckusTahoe@gmail.com  
N/A License # \_\_\_\_\_ HEATED SQ FT N/A GARAGE SQ FT N/A

**Electrical Contractor Information**

Description of Work N/A Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No

Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
N/A License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work N/A

Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
N/A License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work N/A # Baths \_\_\_\_\_

Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
N/A License # \_\_\_\_\_

**Insulation Contractor Information**

N/A 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.

Andrea Klein/Christina Sancha  
Signature of Owner/Contractor/Officer(s) of Corporation

Aug 24, 2023/Aug. 28<sup>th</sup> 2023  
Date

**Affidavit for Worker's Compensation N.C.G.S. 87-14**

N/A

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: Andrea Klein/owner/Christina Sancha

Date: Aug 24, 2023/Aug 28, 2023