

Application #

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

Application for Residential Building and Trades Permit

Owner's Name:Justin Chandler	Date 8/8/2023
Site Address: 103 Maplewood Dr - Sanford - 27332	Phone
Subdivision:	Lot
Description of Proposed Work: Foundation Structure Repairs	Total Job Cost 25900
General Contractor Information	mation_
Groundworks NC LLC - Tar Heel Basement Systems	919-812-9345
Building Contractor's Company Name	Telephone
3333 Air Park Rd - Fuquay-Varina - NC - 27526	raleighaccounting@tarheelbasementsystems.com
Address	Email Address
	GE SQ FT
License # Electrical Contractor Information	rmation
Description of Work NA Service	
	<u> </u>
Electrical Contractor's Company Name	Telephone
Address	Email Address
License # Mechanical/HVAC Contractor	Information
	
Description of Work 1973	
Mechanical Contractor's Company Name	Telephone
Modifical Contractor o Company Name	Totophone
Address	Email Address
License #	
Plumbing Contractor Info	<u>rmation</u>
Description of Work NA	# Baths
Plumbing Contractor's Company Name	Tolombono
	Telephone
Address	Email Address
<u>,</u>	
License #	Email Address
<u>,</u>	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 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.

Ottorono	8/8/2023	
Signature of Owner/Contractor/Officer(s) of Corporation	Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
General Contractor Owner O	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:		
X 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: Manager of Permit	Acquisitions Date: 8/8/2023	