



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: William Russell McCarron Date 11/14/2023

Site Address: 17 Drathaar Court, Lillington NC 27546 Phone 470-349-0237

Subdivision: Griffon Pointe Lot 1

Description of Proposed Work: 16x32 Inground Swimming Pool Total Job Cost \$144,170.00

General Contractor Information

CPC Pool Works 919-710-6547

Building Contractor's Company Name Telephone

3154 Bart Road, Middlesex NC 27557 heather@cpcpoolworksnc.com

Address Email Address

99234 **HEATED SQ FT** N/A **GARAGE SQ FT** N/A

License #

Electrical Contractor Information

Description of Work Ground electrical around pool Service Size: Amps T-Pole: Yes No

True Power Electric Company LLC 919-559-9294

Electrical Contractor's Company Name Telephone

3921 Song Sparrow Drive, Wake Forest NC 27587 truepowernc@gmail.com

Address Email Address

U-25901

License #

Mechanical/HVAC Contractor Information

Description of Work _____

Mechanical Contractor's Company Name Telephone

Address Email Address

License #

Plumbing Contractor Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name Telephone

Address Email Address

License #

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.**



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.

HBA
Signature of Owner/Contractor/Officer(s) of Corporation

11/15/2023
Date

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

The undersigned applicant being the:

HBA 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.

HBA 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: HBA Owner - CPC Pool Works Date: 11/15/2023