



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: JAMES DEAN Date 11/06/23
Site Address: 29 BLUEGRASS CT. ANGIER NC 27501 Phone 919-924-6283
Subdivision: NEILS CREEK FARMS Lot # 114
Description of Proposed Work: BUILD WORK SHOP Total Job Cost 75,000.00 ?

General Contractor Information

JAMES DEAN 919-924-6283
Building Contractor's Company Name Telephone
29 BLUEGRASS CT, ANGIER NC 27501 JAMES R DEAN @ CENTURY LINK.NET
Address Email Address

License # _____ HEATED SQ FT _____ GARAGE SQ FT _____

Electrical Contractor Information

Description of Work WIRE WORK SHOP Service Size: 300 Amps T-Pole: Yes No
RICHARD LARKIN GARNER 1-919-353-0369
Electrical Contractor's Company Name Telephone
2434 SHERIFF WATSON RD SANFORD NC 27332
Address Email Address
L 14876
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

~~JAMES DEAN~~ ~~919-924-6283~~
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.

Janna Dean
Signature of Owner/Contractor/Officer(s) of Corporation

11/06/23
Date

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

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: *Janna Dean* Date: 11/06/23