



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: Mats Powell Date 9-8-2023
Site Address: 45 N. IDA St, Coats NC 27521 Phone 919-902-0103
Subdivision: N/A Lot N/A
Description of Proposed Work: Place Pre-built Structure on Property Total Job Cost \$6000.

General Contractor Information

Build a Shed
Building Contractor's Company Name Build a Shed Telephone 919-827-1588
304 W. Wellows St, Four Oaks, NC Address buildashednc.com Email Address

HEATED SQ FT _____ GARAGE SQ FT _____

License # _____

Electrical Contractor Information

Utilities at a later date
Description of Work BASIC Electric + 220 Service Size: 100 Amps T-Pole: Yes No
Byrd Electric Telephone 919-894-3139
Electrical Contractor's Company Name
143 Mingo Rd, Benson, NC 27584 Address N/A Email Address
L 20256 License #

Mechanical/HVAC Contractor Information

~~Description of Work Beasley's Heat and Air Inc. A/C - Mini split~~
~~Beasley's Heat & Air Inc Telephone 919-980-5771~~
~~Electrical Contractor's Company Name 57 WC Beasley Ln, Coats, NC 27521 Address Beasleyshvac@aol.com Email Address~~
~~License # _____~~

Plumbing Contractor Information

N/A
Description of Work N/A # Baths _____
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
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.



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

9-8-2023

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:  _____

Date: 9-8-2023