



**Harnett**  
COUNTY  
NORTH CAROLINA

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 # \_\_\_\_\_

\* 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: Matthew Johnson Date 4/18/24  
 Site Address: 45 Wyndham Place Phone \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_  
 Description of Proposed Work: inground pool Total Job Cost \_\_\_\_\_

General Contractor Information

Rising Sun Pools Telephone 919-851-9700  
 Building Contractor's Company Name \_\_\_\_\_  
5068 Hallsborough St Email Address joshc.rising@sunpools.com  
 Address \_\_\_\_\_  
69887 License # \_\_\_\_\_

HEATED SQ FT \_\_\_\_\_ GARAGE SQ FT \_\_\_\_\_

Electrical Contractor Information

Description of Work Pool wiring & lighting Service Size: \_\_\_\_\_ Amps T-Pole: Yes  No   
Smart Energy Telephone 919-524-6201  
 Electrical Contractor's Company Name \_\_\_\_\_  
7505 Spylers way Email Address tyler.edward30@gmail.com  
 Address \_\_\_\_\_  
29166 License # \_\_\_\_\_

Mechanical/HVAC Contractor Information

Description of Work \_\_\_\_\_ Telephone \_\_\_\_\_  
 Mechanical Contractor's Company Name \_\_\_\_\_  
 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.**

Signature of Owner/Contractor/Officer(s) of Corporation 4/18/24  
 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: Shelley Baker - Agent of contractor Date: 4/18/24