

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: TANNER & SMART Date 9-21-23

Site Address: 174 ROCK HARBOR LANE Phone \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_

Description of Proposed Work: Replace Roof Shingle Total Job Cost 44 K  
Replace Sheet rock **General Contractor Information** Replace elec outlet  
Showcase Restoration 910 864-0911

Building Contractor's Company Name  
125 Drake St Fayetteville NC

Telephone  
PS1@911 SHOWCASE.COM

Address  
60267

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

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

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work ESTRADA construction Service Size: \_\_\_\_\_ Amps T-Pole: Yes No  
Outlets Re-wired in kitchen 336 633 9202

Electrical Contractor's Company Name  
620 Gillipie St Fayetteville NC

Telephone  
air pro Heating NC @  
Email Address  
gmail.com

Address  
34060 34060

License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work NONE

Mechanical Contractor's Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work NONE # Baths \_\_\_\_\_

Plumbing Contractor's Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address  
Show Case Restoration

Telephone  
910 864-0911

**\*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.

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

9-21-23  
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: Russell Webb

Date: 9-21-23