

Application #

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits Email: Centralpermitting@harnett.org

* Each section below to be filled out by whomever performing work. 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:Jeffery Hargrove		Date 16 Mar 24
Site Address: 419 Dunbar Drive		
Subdivision: Woodshire		
Description of Proposed Work: Front Porch		
General Contractor Information		
Jeffery Hargrove / Owner Jeffery Hargrove	910-808-1027	
Building Contractor's Company Name	Telephone	
419 Dunbar Dr. Lillington, NC 27546	admin@hb4net.com	
Address	Email Address	
HEATED SQ FT 0 GARAGE SQ	FT 504 (Exis	ting, No Upgrade)
License #	_	
Description of Work All electrical per plans and to county Service Size:	<u>1</u> Amps T-P	ole: Yes No
TL Electric code.	910-990-4460	10010
Electrical Contractor's Company Name	Telephone	
6353 Applecross Ave, Fayetteville, NC 28304	trebmal41@gmail.com	
Address	Email Address	
31414-L		
License #		
Mechanical/HVAC Contractor Inform	<u>ation</u>	
Description of Work No HVAC Required For This Project		-
Mechanical Contractor's Company Name	Telephone	
 		
Address	Email Address	
License #		
Plumbing Contractor Information	า	
Description of Work No Plumbing Required For This Project	_ _# Baths	
Description of Work	_# Dati 13	
Plumbing Contractor's Company Name	Telephone	
Training Contractor of Company Training	Тоторттотто	
Address	Email Address	
License #		
Insulation Contractor Information	<u>n</u>	
No insulation Required For This Project		_
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 the application, that the application is correct and that the construction will conform to the difference 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.

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Jeffery Hargrove 16 Mar 24 Signature of Owner/Contractor/Officer(s) of Corporation Date		
Signature of Owner/Contractor/Officer(s) of Corporation Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
General Contractor X 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.		
X 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: Jeffery Hargrove Date: 16 Mar 24		