

Application # _____

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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 for Residential Building and Trades Permit

Site Address: 93 MARIAN LN. SPRING LAKE Phone 5/2-680-687 Subdivision: Description of Proposed Work: SEE ATTACHED Total Job Cost 20,000 General Contractor Information SAME Building Contractor's Company Name SAME Address HEATED SQ FT 2000 GARAGE SQ FT O License # Electrical Contractor Information Description of Work SEE ATTACHED Service Size: 200 Amps T-Pole: Yes No SAME Address HEATED SQ FT COMPANY Name Felectrical Contractor Information Description of Work SEE ATTACHED OWNER Mechanical/HVAC Contractor Information Description of Work SEE ATTACHED OWNER Address License # Plumbing Contractor Information Description of Work SEE ATTACHED # Baths 3 OWNER Plumbing Contractor Information Description of Work SEE ATTACHED # Baths 3 OWNER Plumbing Contractor Information Description of Work SEE ATTACHED # Baths 3 OWNER Plumbing Contractor Information Description of Work SEE ATTACHED # Baths 3 OWNER Plumbing Contractor Information Description of Work SEE ATTACHED # Baths 3 OWNER Plumbing Contractor Information Description of Work SEE ATTACHED # Baths 3 OWNER Plumbing Contractor Information Description of Work SEE ATTACHED # Baths 3 OWNER Plumbing Contractor Information Description of Work SEE ATTACHED # Baths 3 OWNER Insulation Contractor Information SAME Telephone Fame Telep	Owner's Name: JOHN FULLER	Date 12-7-20
Subdivision: Description of Proposed Work: SEE ATTACHED Total Job Cost #20 000 General Contractor Information SAME Building Contractor's Company Name SAME Telephone SOHN. ADRIFT (O. G.MAIL. Email Address HEATED SQ FT 2000 CARAGE SQ FT O License # Electrical Contractor Information Description of Work SEE ATTACHED Service Size: 200 Amps T-Pole: Yes No OWNER SAME Address License # Mechanical/HVAC Contractor Information Description of Work SEE ATTACHED OWNER SAME Address Email Address License # Plumbing Contractor Information Description of Work SEE ATTACHED OWNER SAME Femail Address License # Plumbing Contractor Information Description of Work SEE ATTACHED OWNER SAME Femail Address License # Plumbing Contractor Information Description of Work SEE ATTACHED OWNER SAME Femail Address License # Insulation Contractor Information SAME Femail Address		ZING LAKE Phone 5/2-680-687
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*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 bermission 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

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: 12-7-2023	