



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: John Wester Date 1/21/2024

Site Address: 257 Matthews Rd - Lillington Phone 910-985-2303

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

Description of Proposed Work: Install (9) push piers in accordance with engineer report Total Job Cost 19100

**General Contractor Information**

Groundworks NC LLC - Tar Heel Basement Systems 919-812-9345

Building Contractor's Company Name Telephone

3333 Air Park Rd - Fuquay-Varina - NC - 27526 raleighaccounting@tarheelbasementsystems.com

Address Email Address

79336 HEATED SQ FT \_\_\_\_\_ GARAGE SQ FT \_\_\_\_\_

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

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps T-Pole: \_\_\_ Yes \_\_\_ No

NA \_\_\_\_\_

Electrical Contractor's Company Name Telephone

Address Email Address

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

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_

NA \_\_\_\_\_

Mechanical Contractor's Company Name Telephone

Address Email Address

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

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

NA \_\_\_\_\_

Plumbing Contractor's Company Name Telephone

Address Email Address

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

**Insulation Contractor Information**

NA \_\_\_\_\_

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

1/21/2024  
Date

**Affidavit for Worker's Compensation N.C.G.S. 87-14**

The undersigned applicant being the:

       General Contractor           Owner    XXX 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:


XXX 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.

XXX 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:  Manager of Permit Acquisitions    Date: 1/21/2024