

Application # \_\_\_\_\_

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

\* 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: Jonathan Fox Date: \_\_\_\_\_

Site Address: 103 Old cut off RD Erwin NC 28339 Phone: \_\_\_\_\_

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

Description of Proposed Work: 20x20 metal Total Job Cost: \$ 8000

General Contractor Information

Carolina carPorts inc.

888-981-3273

Building Contractor's Company Name

Telephone

187 Cardinal Ridge Trail Dobson, NC 27017

cci@carolinacarportsinc.com

Address

Email Address

65533

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

License #

Electrical Contractor Information

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

Watts up Electric

910-824-0653

Electrical Contractor's Company Name

Telephone

2856 US 301S Dunn, NC

1wattsupelectric@gmail.com

Address

Email Address

L-33800

License #

Mechanical/HVAC Contractor Information

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

Mechanical Contractor's Company Name

Telephone

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] \_\_\_\_\_ Date: 2-14-24

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: [Signature] \_\_\_\_\_ Date: 2-14-24