



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: LORRETTA POBOY Date 2/28/2024
Site Address: 458 JAMESTOWN DR Phone (815) 953-0660
Subdivision: _____ Lot _____
Description of Proposed Work: REBUILD Total Job Cost \$42,656.32

General Contractor Information

G.L. STRICKLAND CONSTRUCTION INC (910) 458-6738
Building Contractor's Company Name Telephone
245 TILLINGHAST ST FAYETTEVILLE 28312 MARK.GUTHRIE@BMS
Address Email Address MANAGEMENT
25594 HEATED SQ FT 2,872 GARAGE SQ FT .COM
License # _____

Electrical Contractor Information

Description of Work INSTALL JUNCTION BOXES Service Size: _____ Amps T-Pole: Yes No
WOS ELECTRIC 910-850-5495
Electrical Contractor's Company Name Telephone
575 COPE RD RED SPRINGS, NC 28377
Address Email Address
19628V
License # _____

Mechanical/HVAC Contractor Information

Description of Work N/A
Mechanical Contractor's Company Name Telephone
Address Email Address
License # _____

Plumbing Contractor Information

Description of Work REPAIR 2" PVC VENT TUBE # Baths 1
G.L. STRICKLAND CONSTRUCTION INC 910-916-4413
Plumbing Contractor's Company Name Telephone
245 TILLINGHAST ST FAYETTEVILLE, NC MGUTHRIE@BMSMANAGEMENT.COM
Address 28312 Email Address
25594
License # _____

Insulation Contractor Information

G.L. STRICKLAND CONSTRUCTION INC. 910-916-4413
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

2/28/2024
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:  PROJECT MANAGER Date: 2/28/2024