



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: Christopher O'Rourke Date 01/16/2023

Site Address: 5964 Rawls Church rd, Fuquay Varina NC 27526 Phone _____

Subdivision: _____ Lot _____

Description of Proposed Work: Addition, new deck Total Job Cost _____

General Contractor Information

Christopher O'Rourke

Building Contractor's Company Name _____

5964 Rawls Church rd, Fuquay Varina NC 27526

Address _____

Owner

License # _____

443 832 3989

Telephone _____

5964 @ domlytic .com

Email Address _____

HEATED SQ FT 300 **GARAGE SQ FT** _____

Electrical Contractor Information

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

Electrical Contractor's Company Name _____

5964 Rawls Church rd, Fuquay Varina NC 27526

Address _____

Owner

License # _____

Telephone _____

Email Address _____

Mechanical/HVAC Contractor Information

Description of Work _____

Christopher O'Rourke

Mechanical Contractor's Company Name _____

5964 Rawls Church rd, Fuquay Varina NC 27526

Address _____

Owner

License # _____

Telephone _____

Email Address _____

Plumbing Contractor Information

Description of Work _____ # Baths _____

Christopher O'Rourke

Plumbing Contractor's Company Name _____

5964 Rawls Church rd, Fuquay Varina NC 27526

Address _____

Owner

License # _____

Telephone _____

Email Address _____

Insulation Contractor Information

Christopher O'Rourke

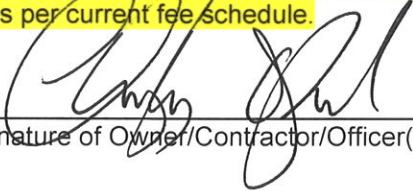
Insulation Contractor's Company Name & Address _____

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

01/16/2023

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: _____



Date: 01/16/2023