

Application # _____

* 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. Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

on on license.	1 70 7.1
Owner's Name: Amber Warren Bobbitt	Date: 2.29.29
Site Address: 328 Trebooxk un	Phone: 450 124 150
Subdivision:	Lot:
Description of Proposed Work: Wetal garage insta	110tion otal Job Cost: 37,000
General Contractor Infor	matlon
NC Carports and Garage Building Contactor's Company Name	536 368 dolo8
1110 East Market St, Elkin NC 2862 Address	1 <u>nc Carports agmail.com</u> Email Address
87790 HEATED SQ FT GAR	AGE SQ FT 2400
	rmation
Description of Work Service	Size:Amps 1-Pole:YesNo
Electrical Contractor's Company Name	Telephone
Address	Email Address
License # Mechanical/HVAC Contractor	Information
Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License #	
Plumbing Contractor Info	
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License # Insulation Contractor Inf	formation
mathation Contractor in	ormanan
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 s as per current fee schedule. 2/29/24 Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: Owner Officer/Agent of the Contractor or Owner General Contractor 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 Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves. X 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. Homeowner Date: 2/29/24