



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: Jamiya meade Date \_\_\_\_\_

Site Address: 373 Deer view, Sanford, 27332 Phone 718-810-0535

Subdivision: Carolina Hills Lot \_\_\_\_\_

Description of Proposed Work: Interior/Exterior repairs Total Job Cost \$9,000

**General Contractor Information**

Laguna Landscaping  
Building Contractor's Company Name

919-437-9189  
Telephone

2024 motorsport lane  
Address

Luis.laguna69@icloud.com  
Email Address

N/A  
License #

HEATED SQ FT 1,274 GARAGE SQ FT \_\_\_\_\_

**Electrical Contractor Information**

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

\_\_\_\_\_  
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 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 of Owner/Contractor/Officer(s) of Corporation

03-13-2024  
\_\_\_\_\_  
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:  \_\_\_\_\_

Date: 03-13-2024

STATE OF NORTH CAROLINA  
County of Hamett  
Inspections Department

**OWNER EXEMPTION AFFIDAVIT  
PURSUANT TO G.S. 87-14(a)(1)**

Address and Parcel Identification of Real Property Where Building Is to be Constructed or Altered:

373 Deerview, Sanford, NC, 27332

I, Jesus Ismael Roque Laguna  
(Print Full Name)

hereby claim an exemption from licensure under G.S. 87-1(b)(2) by initialing the relevant provision in paragraph 1 and initialing paragraphs 2-5 below and attesting to the following:

1. JK I certify that I am the owner of the property set forth above on which this building is to be constructed or altered;

OR

JK I am legally authorized to act on behalf of the firm or corporation which is constructing or altering this building on the property owned by the firm or corporation as set forth above (name of firm or corporation: before Landscape LLC);

2. JK I will personally superintend and manage all aspects of the construction or alteration of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1 of Chapter 8Z of the General Statutes of North Carolina;
3. JK I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina;
4. JK I understand that a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification that I am validly entitled to claim an exemption under G.S. 87-1(b)(2) for the building construction or alteration specified herein. I further understand that, if the North Carolina Licensing Board for General Contractors determines that I was not entitled to claim this exemption, the building permit issued for the building construction or alteration specified herein shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422.
5. JK The building will be solely occupied by the owner(s), firm or corporation as set forth above for at least twelve (12) months following completion.
6. This AFFIDAVIT applies to the following trades:  
 Building     Electrical     Mechanical     Plumbing
7. The total cost of this project is \$ 9,950.

[Signature]  
(Signature of Affiant)

03-13-2024  
Date

Sworn to (or affirmed) and Subscribed before me this the 13<sup>th</sup> day of March, 2024.

[Signature]  
Signature of Notary Public  
Lizet A. Tikhonov  
Printed Name of Notary Public

My Commission Expires: 03/27/2028

(Notary Stamp or Seal)

(NOTE: It is a class F felony to willfully commit perjury in any affidavit taken pursuant to law - G.S. 14-209)



