



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: James T. Schumacher Jr. Date: 01 Apr 24
Site Address: 479 D.L. Phillips Lane, Broadway, NC 27505 Phone: 919-897-9344
Subdivision: Carlton C. Robertson PC #F 365B Lot: #2
Description of Proposed Work: 3 bay Garage Install Total Job Cost: \$30,000

General Contractor Information

Five Star Metal Buildings 844-308-9705
Building Contractor's Company Name Telephone
P.O. Box 1186 Toast NC 27049 orders@fivestarmetalbuildings.com
Address Email Address
1565881 HEATED SQ FT _____ GARAGE SQ FT 1,288
License #

Electrical Contractor Information

Description of Work 120 volt Service Size: _____ Amps T-Pole: Yes No
C.J.S. Electrical Company 919-353-2466
Electrical Contractor's Company Name Telephone
1101 S. 3rd Street cjs@electric.spectrum.net
Address Email Address
23795-4
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.

J S J L
Signature of Owner/Contractor/Officer(s) of Corporation

02 April 2024
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

 General Contractor JD 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:

JTS 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.

JTS 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: J S J L owner Date: 02 April 2024