Application # .

Harnett County Central Permitting

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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](http://www.harnett.org/permits)

**Email centralpermitting@harnett.org**

# Application for Residential Building and Trades Permit

Owner’s Name: Brian R Seidel Date April 17, 2024 .Site Address 4094 Ross Rd Lillington, NC 27546 Phone 606-682-3037 .

Subdivision: NA Lot .

Description of Proposed Work: Replacing metal shed Total Job Cost \_$5000\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## General Contractor Information

Brian R Seidel, Owner 606-682-3037

Building Contractor’s Company Name Telephone

Carolina Carports, Inc 187 Cardinal Ridge Rd Dobson, NC 27017 brsbrian@att.net

Address Email Address

NA HEATED SQ FT\_\_0\_\_\_\_ GARAGE SQ FT\_\_\_0\_\_\_\_

License #

### Electrical Contractor Information

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

Electrical Contractor’s Company Name Telephone

Address Email Address

License #

## Mechanical/HVAC Contractor Information

Description of Work NA

Mechanical Contractor’s Company Name Telephone

Address Email Address

License #

## Plumbing Contractor Information

Description of Work NA # Baths

Plumbing Contractor’s Company Name Telephone

Address Email Address

License #

**Insulation Contractor Information**

NA \_

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.



17 April , 2024



Signature of Owner/Contractor/Officer(s) of Corporation Date

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

The undersigned applicant being the:

General Contractor X 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.

X 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: 17 April 2024

