

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

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

Application for Residential Building and Trades Permit

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	Owner's Name: Robbie & Samontha Godwin	Date _5-13-24	
	Site Address: 400 Mason drive	Phone 9/9-8/8-1873	
	Subdivision:	Lot	
	Description of Proposed Work: Repair fire > water dang	Se Total Job Cost 180K- 220 K	
	General Contractor Information		
	James David Carroll	919 901 5830	
	Building Contractor's Company Name	Telephone	
	Address drive Clayton, ne	Email Address	
	48266 HEATED SQ FT GARAGE SC		
	License #	2 - 1	
TBD	Description of Work Rewise home Service Size:	n 200 Amps T-Pole: Yes No	
. 50	RE. Braswell Electrical	010 395-40x5	
	Electrical Contractor's Company Name	919 - 395-4985 Telephone	
	4900B @ Croftsman drive	Richardo rebraswell, com	
	Address	Email Address	
	31851 Unlimited		
Mechanical/HVAC Contractor Information			
(BD)	Description of Work Replace ductwork 1 grill 5		
	Moder m Mchanical	919-620-4515	
	Mechanical Contractor's Company Name	Telephone	
	Address Blud, Garner NC 22529	Cramby@ modern mechhvac.com Email Address	
	29380,42,43		
	License #	_	
	Plumbing Contractor Information		
	Premier Flumbing, INC		
	Plumbing Contractor's Company Name	919 - 201 - 319 6 Telephone	
	706 PHARI AP Lane, BAHAMA NC 27503	Marks premier plumbing @ Gonal. Com	
	Address	Email Address	
	20602 V License #		
_	Insulation Contractor Information		
$\mathcal{B}^{\mathcal{P}}$	Insulation Insulation	919-521-7665	
	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

5-13-24

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; Janes Dall Edge Building Contradors Date: 5-13-27		