



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: Christine + Bruce Leone Date: 6-4-24  
Site Address: 1306 Rollins Mill Rd, Holly Springs, NC 27540 Phone: 904-472-3161  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: Garage Total Job Cost: \$150,000

**General Contractor Information**

RIVAS General Contracting LLC  
Building Contractor's Company Name  
628 Romie Snow Rd, Dobson, NC 27017  
Address  
L 87790 HEATED SQ FT 2500 GARAGE SQ FT 2500  
License # \_\_\_\_\_  
Tele: 336-755-7027  
Email Address \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Wiring/lighting Service Size: 200 Amps T-Pole: Yes No  
LANIER Electric Group  
Electrical Contractor's Company Name  
1441 E. Broad St Suite 349  
Address  
NC L34141 Fuquay-Varina, NC 27526  
License # \_\_\_\_\_  
Telephone 919-510-1117  
Email Address lanierelectricgroup@gmail.com

**Mechanical/HVAC Contractor Information**

Description of Work Heat + Air Garage  
DESIGN MECHANICAL INC  
Mechanical Contractor's Company Name  
PO Box 700, WILLOW SPRING, NC 27592  
Address  
# 36668 H3-1, H2 License # \_\_\_\_\_  
Telephone 919-557-7683  
Email Address designmechanical01@gmail.com

**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.

Christine L. Leone Bruce Leone 6-7-24  
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  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: Christine Leone Date: 6-7-24